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COUNTY COUNCILS OF THE COUNTIES

of

MIDLOTHIAN AND PEEBLES

ANNUAL REPORT

ON

School Health Administration



For the Year Ended 31st July, 1968



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For the Year Ended 31st July, 1968

CONTENTS

	<i>Page</i>
LIST OF STAFF	4
PREFACE	5
ORGANISATION AND ADMINISTRATION...	10

	<i>Page</i> Midlothian Peebles	
GENERAL STATISTICS	20	35
SANITARY CONDITION OF SCHOOLS	20	35

MEDICAL INSPECTION—

Number Examined	21	36
Uncleanliness	21	36
Skin Conditions	23	36
Nutrition	23	36
Mouth, Nose, Throat and Glands	23	36
Vision	23	36
External Eye Disease	24	36
Ears and Hearing	24	37
Speech	25	37
Mental and Nervous Condition	25	37
Heart Disease	26	37
Lungs	26	37
Deformities	27	38
General Statement of Defects...	27	38

MEDICAL TREATMENT—

Minor Ailments	28	38
Defective Vision and Squint	28	38
Nose and Throat (Operative Treatment)	29	38
Orthopaedic and Postural Defects (Specialist Treatment)	29	39
“Follow-up” Home Visitation	29	39

DENTAL INSPECTION AND TREATMENT	30	39
SPECIAL SCHOOLS AND CLASSES	31	41
CASTLECRAIG RESIDENTIAL SCHOOL	—	41
PHYSICAL EDUCATION AND PERSONAL HYGIENE	33	43
HEALTH EDUCATION	33	43
SCHOOL MEALS AND MILK	34	43
IMMUNISATION AND VACCINATION	34	43

APPENDIX

						<i>Table</i>	
						Midlothian	Peebles
NUMBER OF CHILDREN EXAMINED	...	...	...	...	...	I	IA
HEIGHTS AND WEIGHTS	...	...	...	...	...	II	IIA
FINDINGS AT ROUTINE EXAMINATIONS	...	...	...	...	...	III	IIIA
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA	...	...	...	...	...	IV	IVA
AMELIORATION OF PHYSICAL DEFECTS	...	...	...	...	...	V	VA
CLEANLINESS INSPECTIONS	...	...	...	...	...	VI	VI A
AMELIORATION OF UNCLEANLINESS	...	...	...	...	...	VII	VIIA
MINOR AILMENTS CLINICS	...	...	...	...	...	VIII	VIIIA
INFECTIOUS DISEASES	...	...	...	...	...	IX	IX-A
EYE CLINICS	...	...	...	...	...	X	XA
AUDIOMETRIC TESTING	...	...	...	...	...	XI	XIA
ORTHOPAEDIC SERVICES	...	...	...	...	...	XII-XV	XIIA-XVA
DENTAL INSPECTION AND TREATMENT	...	...	...	...	...	XVI-XVIII	XVIA-XIXA
TUBERCULOSIS—SKIN TESTING	...	...	...	...	...	XIX	XXA
X-RAY	...	...	...	...	...	XX	XXIA
HEALTH EDUCATION	...	...	...	...	...	XXI-XXII	—

I. LIST OF STAFF

School Medical Officer: JOHN RIDDELL, O.B.E., M.D., D.P.H.

Deputy Medical Officer: *LEWIS F. HOWITT, M.B., Ch.B., D.P.H.

†ANDREW F. HUTCHISON, M.B., B.S.,
D.T.M.&H., D.P.H.

Senior Assistant Medical Officer: †JAMES DOW, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

JEANETTE B. MORRISON, L.R.C.P. & L.R.C.S.(Edin.), C.P.H.

MARGARET MACKENZIE, L.R.C.P. & L.R.C.S.(Edin.), C.P.H.

MAIRI H. LACK, M.B., Ch.B., D.P.H.

EILEEN REDDY, L.R.C.P. & L.R.C.S.(Edin.), D.P.H.

ELIZABETH M. WATSON, M.B., Ch.B., D.P.H.

*BETTY EMSLIE, M.B., Ch.B.

CLAIRE KISELY, L.R.C.P. & L.R.C.S. (Edin.)

Chief Dental Officer: ROBERT P. NEILSON, O.B.E., L.D.S.

Assistant Dental Officers:

J. B. CLARK, L.D.S.

*JOHN W. SWAN, L.D.S.

N. P. THOMSON, B.D.S.

R. W. BRAZENALL, L.D.S.

*†B. MCLEAN, L.D.S.

R. A. HODGKINS, L.D.S.

H. M. MACKINTOSH, L.D.S.

K. S. MACPHAIL, L.D.S.

†F. C. ROGERS, L.D.S.

S. RICHARDSON, B.D.S.

†G. M. SOUTER L.D.S.

†D. G. R. ROBERTSON, B.D.S.

County Nursing Superintendent:

JEAN M. TINCH, R.G.N., S.C.M., H.V., Q.N.

Administrative Assistant: ROBERT FULTON, C.P.A.

Superintendent Physiotherapist: C. A. MACMILLAN, M.C.S.P.

	<i>Midlothian</i>	<i>Peebles</i>	<i>Joint</i>
Depute County Nursing Superintendent ...	—	—	1
Senior Health Visitor	—	—	1
Physiotherapists	—	—	6 (*2†2)
Dental Auxiliary	—	—	1 (†1)
Dental Surgery Assistants	—	—	12 (*2†1)
Office Staff	—	—	16 (*5†4)
Health Visitors	21 (*10†4)	1	—
Health Visitors (Part Time)... ..	3 (†3)	—	—
District Nurse/Midwives/Health Visitors ...	7 (*4†1)	4 (1†1)	—
Cleanliness Inspectresses	2	—	—

CONSULTANTS

Ophthalmologist:

WILLIAM O. PETRIE, M.B.E., M.B., Ch.B., D.P.H., D.O., D.T.M. & H.

Orthopaedic Surgeons:

G. A. POLLOCK, M.B., Ch.B., F.R.C.S.E., M.S., F.A.C.S., D.P.H.—Midlothian

G. W. BAKER, M.B., Ch.B., F.R.C.S.E., M.Ch.Orth.—Peeblesshire

Orthodontic Surgeon:

W. RUSSELL LOGAN, O.B.E., L.R.C.P. & S.(Edin.), F.D.S., H.D.D.

Dental Anaesthetist:

G. MACGREGOR ROSE, L.R.C.P., L.R.C.S.(Edin.), L.D.S., D.A.

*Resigned during year.

†Appointed during year.

(The above staff undertake both public health and school health duties.)

REPORTS

on

SCHOOL HEALTH ADMINISTRATION

for the

Year Ended 31st July, 1968

The following report is prepared in accordance with the instructions of, and in the form approved by, the Scottish Home and Health Department.

Preface

This preface would normally have been written in the month of October 1968, but in 1967 the Home and Health Department decided that new school medical cards should be introduced and the results of the examinations recorded should be analysed by central computer. Only now (March 1969) have these computerised figures been made available to us.

This change in method of recording and analysing has resulted in several instances in an alteration in the type of information extracted. The computerised tables made available to us are of particular interest from a national or research point of view, the comparisons with Midlothian and Peeblesshire being more widespread and much more detailed, but they hardly justify reprinting in an Annual Report. Extracts of the salient matters of particular interest to Members, often to allow a comparison with previous years' figures, have therefore only been made.

We have this year included our five-yearly summary on Organisation and Administration. If, as seems likely, changes are to occur before long, this should be useful for reference.

This year, for the first time, and it must be said, largely because of staffing difficulties, the IX-year-old routine examination was omitted. The results of this will not be seen for another 4-5 years when the children reach their next routine examination.

Because of staff shortages it was not possible to devote any time this year to research projects.

The equivalent full-time staff employed on the school health service was 4 medical officers, 10 dental officers, 7 nurses, 11 dental surgery assistants, 4 physiotherapists, and 7 other staff, including clerical. We were very fortunate in that, contrary to last year's expectations, Mr Pollock, our consultant orthopaedic surgeon, continued to be available to us throughout the year.

Dental Service

The dental staffing situation has continued to cause some concern and still remains unresolved. The school year began with one dental officer and two dental auxiliaries short of establishment and at the year's end, vacancies still remained for one dental officer and one auxiliary, although in fact various changes in personnel had taken place throughout the year.

Mr J. W. Swan retired on 3rd May after serving the Authority for 17 years. He was well known in both counties for his kindly ways and was exceedingly popular with his patients particularly in the Danderhall, Musselburgh and Wallyford areas for which he was continuously responsible for approximately the last ten years of his professional career.

Mr F. C. Rogers, after working for 7½ years in the Dalkeith area, terminated his appointment on 2nd May in favour of a similar post in Oxfordshire and, at the end of the year, his position still remained unfilled.

Mr B. W. H. MacLean resigned on 25th August owing to a family bereavement but was re-appointed on 25th September.

Mr George M. Souter joined the dental staff on 8th January to undertake work in the rural areas from the Mobile Dental Unit. This post had been unfilled since 14th June, 1967.

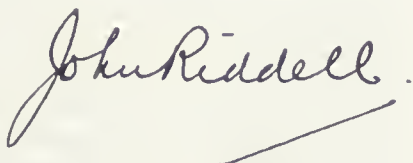
Mr D. G. R. Robertson joined the dental team on 4th March and following a preliminary spell of work in various parts of Midlothian, will be taking over the Dalkeith area early in the new school year.

Dental Auxiliaries: Miss Carol Cavanagh commenced work in the Gorebridge area on 4th September, 1967, and arrangements have been completed to fill the other vacant auxiliary appointment in September, 1968.

Dental Surgery Assistants: There were two resignations and one new appointment during the year and it is anticipated that the vacant post will be filled without undue delay.

Illness affecting members of the dental staff resulted in a total loss of 337 sessions which, although comparing favourably with 402 lost sessions in the previous year, is nevertheless equivalent to a loss of approximately 34 weeks. Absence resulting from illness, whether

and example in moulding the future outlook and behaviour of the pupils. To all my own staff for another excellent year's work, and especially to Mr Fulton, for his work in the preparation of this report, I am deeply grateful.

A handwritten signature in dark ink, reading "John Riddell". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Medical Officer of Health.

HEALTH AND WELFARE DEPARTMENT,
10 DRUMSHEUGH GARDENS,
EDINBURGH 3.
EH3 7QZ.

2nd April, 1969.



ORGANISATION AND ADMINISTRATION

This year brings us again to our quinquennial review of the above.

(A) System and Extent of Medical Inspection and Treatment

The organisation and administration of the School Health Service in Midlothian and Peeblesshire is co-ordinated with the Maternity, Child Welfare, Vaccination and Immunisation, Tuberculosis, Welfare and General Public Health Services.

The Medical Officer of Health is also Chief Executive School Medical Officer. The Depute Medical Officer of Health acts in the absence of the Medical Officer of Health. The Senior Assistant Medical Officer supervises the general administration especially of the School Health, Tuberculosis and Health Education Services, and assists as necessary in routine clinical work at schools and clinics, etc.

Assistant Medical Officers undertake duties in the following services:

Child Welfare.

Vaccination and Immunisation—including the skin testing and, where necessary, B.C.G. vaccination of pre-school and school contacts of tuberculosis cases.

School Health—including the skin testing and, where necessary, B.C.G. vaccination of 13 year old age group; assessment of mentally handicapped children requiring special education treatment; and Health Education.

Mental Health supervision, etc., as “Responsible Medical Officers.”

General Public Health Duties.

The following groups of children are examined either by Medical Officers or auxiliaries:

(1) Routine Medical Inspection:

Children aged 5 years entering school for the first time.

Children aged 13 years.

Children aged 16 years.

(2) Other systematic examinations:

Children not previously subjected to routine medical inspection (e.g., transfers from other areas, etc.).

Absentees from previous years' routine medical inspections.

(3) Children aged 7 years (visual acuity and hearing testing only).

(4) Children aged 11 years (hearing testing only).

(5) Children examined at the request of parents, teachers, or Health Visitors.

- (6) Children found at previous inspections to be suffering from disease or defect and recommended for re-examination.
- (7) Children who have made less than 50% attendance during the previous term.
- (8) Children due to leave school at first following leaving date.
- (9) Other groups:

All 13-year-old children for presence of tuberculosis with preventive inoculation where appropriate.

Children attending swimming instruction and school camps.

Candidates for pre-apprenticeship and pre-nursing courses.

Applicants for employment outwith school hours.

Applicants for employment outwith school hours.

Children referred by speech therapist.

At the 5-year-old routine examination all children are given a vision test using either the "E" test or tracing type. At the age of 7 years all children are given a vision test using the Snellens Test Type, either letter or number. Children suffering from defective vision may be seen under private arrangements made by parents or by the Schools Ophthalmologist. The Schools Ophthalmic service is operated under the National Health Service (Scotland) Act, the Regional Hospital Board providing the services of the Consultant, and the local authority making the necessary appointments for first examinations and re-calls, providing the clinic premises, and the nursing and clerical staff in attendance. There are at present eleven clinic centres: Bonnyrigg, Currie, Dalkeith, East Calder, Edinburgh, Loanhead, Musselburgh, Newtongrange, Penicuik, West Calder and Peebles. Details of all examinations and recommendations made are passed to General Practitioners. Special arrangements are made for the follow-up by health visiting staff of persistent absentees from clinics, and where parents refuse to take action every effort is made to ensure that they reverse their decision and arrange for the child to be seen privately or through the Schools service. Children considered to be unsuitable for the ordinary school by virtue of severe vision defect are admitted either to Hailes School for Partially Sighted Children or to the Royal Blind School, Edinburgh.

In the case of children due to leave school the Youth Employment Officer is advised on the official forms Y9 and Y10 of any physically or mentally handicapped children. In certain cases more detailed confidential reports may be given.

School children who are contacts of tuberculosis cases are examined during the first term of each session. Where necessary children are referred to general practitioners or to the Tuberculosis Physician for further investigation and check-up.

Children suffering from defective speech are treated by speech therapists who are on the staff of the Director of Education. Each child receiving treatment is notified to the School Health Service.

and arrangements are made for such children to be seen by the School Medical Officer with particular reference to diseases of the nose and throat. In appropriate cases referral may be made to general practitioners or to hospital for investigation and treatment.

Children in the 5, 7 and 11 year age groups are given audiometric tests carried out under special arrangements by testers from St Giles School for Hard of Hearing Children, Edinburgh. In addition, retests are made of all known defective cases and in all, some 7000 children are tested each year, the results of all the tests being entered in the appropriate school medical cards. As soon as possible after testing, defective children are examined by School Medical Officers to ascertain whether there may be any physical defect present to account for the loss of hearing. Children may then be referred as follows:

- (a) For further observation.
- (b) To general practitioners for treatment.
- (c) To Ward 37/38 Edinburgh Royal Infirmary or to the Ear Nose and Throat Department, Bangour Hospital, West Lothian. (The approval of general practitioners is obtained before referring children for specialist examination.)
- (d) Following examination at Ward 37/38 children may be referred to the Hearing Aid Clinic for provision of necessary hearing aids. Special arrangements are made for the provision of high-frequency hearing aids.

General practitioners are advised of all action taken and are given copies of specialist's reports. In appropriate cases Head Teachers are given inserts for inclusion in Section IX of Pupils Progress Record Cards together with instructions in regard to special seating in class, etc. To assist in vocational guidance the Youth Employment Officer is advised of all appropriate cases leaving school. Defective children considered as unsuitable for education in the ordinary school may be admitted to St Giles School for Hard of Hearing Children, or Donaldson's School for the Deaf, Edinburgh.

Assistant Medical Officers, who have all had the necessary training, carry out examinations of educationally sub-normal children. Examinations are largely confined to children who may require action as follows (those children with educational rather than specifically mental handicaps, being seen in the first instance by the educational psychologists on the staff of the Director of Education:

- (a) To be reported under Section 65 of the Education (Scotland) Act, 1962.
- (b) To be transferred to a special school or occupational centre.
- (c) To be reported under Section 66 of the Education (Scotland) Act, 1962.

As stated, the School Health Service is integrated with the Child Welfare Service and with very few exceptions, children requiring action as above have been under supervision for some time before reaching school age. The results of all examinations are passed to the Director of Education. General practitioners are advised of children reported under Section 65 of the Act and both general practitioners and the Youth Employment Officer are advised of children reported under Section 66 of the Act. Immediately a handicapped child enters school the Head Teacher is sent a report for inclusion in Section IX of the Pupils Progress Record Card and is advised of any special facilities which may be necessary to help children suffering from defects of vision, hearing, mental retardation, etc.

Children suffering from nervous conditions are examined by assistant medical officers, and, after consultation with general practitioners and educational psychologists, may be referred to the Psychiatrist, Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh. General practitioners and the Director of Education are kept fully informed of action taken and are advised in all cases of the Psychiatrist's recommendations. Where necessary, children may be admitted to special residential schools for maladjusted children, etc.

With the present staff of 1 Superintendent Physiotherapist and 6 Senior Physiotherapists the schools orthopaedic scheme covers all schools in Midlothian and Peeblesshire. The Senior Physiotherapist in Peeblesshire is employed on a shared basis with the Border Hospitals Board of Management, half of his time being given to hospital peripheral clinic or domiciliary cases. In Midlothian, physiotherapists attend at certain of the local authority Old People's Homes to give treatment as necessary and undertake the domiciliary care of a restricted range of adult fracture and "stroke" cases and elderly patients. Mr G. A. Pollock, Consultant Orthopaedic Surgeon, Princess Margaret Rose Hospital, attends in Midlothian at weekly full-day consultant clinics arranged by the School Health Department, and Mr G. W. Baker, Consultant Orthopaedic Surgeon, Peel Hospital, at monthly clinics in Peeblesshire. Children seen by the Consultant may be (a) referred to the physiotherapist for treatment; (b) referred to Princess Margaret Rose or Peel Hospitals for X-ray; or (c) put on waiting list for admission to Princess Margaret Rose or Peel Hospitals. In all cases General practitioners are sent copies of the consultant's reports and recommendations and, where appropriate, Head Teachers are advised. Repairs and special shoe adjustments recommended by the consultant are carried out free of charge under the National Health Service, contracts having been placed with approved boot and shoe repairers by the Scottish Home and Health Department. A project of inestimable value continues to be carried out after working hours by certain of our Physiotherapy staff assisted on a number of occasions by the Depute

Medical Officer of Health and the Senior Assistant Medical Officer. In this project, physically handicapped children from a wide area, chiefly Midlothian, are given swimming pool therapy at Dalkeith High School swimming baths, for the use of which we are indebted to the Director of Education. The scheme has become so popular and of so obvious therapeutic value that many hospital consultants write to this department asking for children under their care to be included in the groups for swimming pool therapy.

Minor ailments are treated by health visitors who visit their schools at least once a week for this special purpose. Long-term treatments are discouraged, it being felt that such cases should be the responsibility of parents and general practitioners.

Arrangements are made for maintenance injections of triple antigen to be given where necessary. These injections are co-ordinated with routine school medical inspections, parental consent having been previously obtained. Details of all injections given are entered in school medical record cards and the completed consent slips are thereafter passed to general practitioners for their records. Similar arrangements are made for maintenance doses of polio-myelitis vaccine, details being entered in school medical records and general practitioners being sent the completed slips as above.

(B) System and Extent of Dental Inspection and Treatment

A co-ordinated scheme of administration is in operation for the dental service. The Chief Dental Officer is responsible, under the Medical Officer of Health, for the supervision of the organisation and administration of these services. Each assistant dental officer works as far as possible in a prescribed area, undertaking therein inspection and treatment of school children and the inspection and treatment of pre-school children and expectant mothers under the maternity and child welfare schemes. The routine dental check-up of toddlers at $4\frac{1}{2}$ years of age continues to be a feature of the service.

So far as is possible, schools are visited in rotation and all children are inspected. Each dental officer is accompanied by a female dental surgery assistant, who assists at inspection and treatment by relieving the dental officer of all non-clinical and normal clerical duties, and by attending to the welfare of patients generally. Treatment is offered to render each patient dentally fit, and even where teeth are sound, cleaning is offered to encourage children to take a pride in their teeth.

With dental treatment always being given to children in their own schools, most school medical suites have now been equipped with permanent dental spittoon floor plates to provide direct water supply and waste pipeage to make possible the use of mains flush fountain spittoons. These are now standard equipment for use along with other permanent dental surgery equipment in school medical rooms located at a distance from permanent treatment centres. The utilisation of conventional surgery equipment in

schools which do not have combined purposes clinics has proved a great success, and with the general addition of fountain spittoons both patient and dental officer are able to enjoy normal surgery facilities, including the provision of portable air-rotors. In the interests of economy this dental equipment is conveyed by the County Transport Department on the completion of one school to the next in rotation.

Two mobile dental units are in use, one in Midlothian and one in Peeblesshire. These have proved a great asset since they were first introduced and are a means of taking to the most remote rural schools a dental service every bit as good as that available in many larger and more up-to-date schools.

A portable dental X-ray unit is also included in the Counties' scheme and proves a great benefit, especially for orthodontic cases. Full use is also made of it in ascertaining other conditions pertaining to the teeth.

The orthodontic scheme functions under the general guidance of Dr W. R. Logan, the Regional Hospital Board Consultant, through whose hands every case must pass before being accepted for treatment, thus ensuring that any expenditure involved in appliance therapy is fully justified. All cases requiring orthodontic treatment are selected by the dental officers, formed into groups of suitable size and normally presented to the Orthodontic Consultant by special appointment at the Treatment Centre nearest to their own homes. The Consultant recommends the course of treatment, which is then carried out by the respective dental officers. By virtue of the limited sessions which the Consultant can devote to this work, and the other treatment responsibilities of the dental staff, the flow of cases to these centres is, of necessity, controlled.

General anaesthetic sessions are now a permanent feature of the service and these are proving exceedingly popular to all parties concerned. Dr Macgregor Rose, Anaesthetist, is now able to devote five sessions per week to this work.

(C) School Nursing and Arrangements for follow-up

The work of the Health Visitors is also co-ordinated with the other health services, and under the supervision of the County Nursing Superintendent and Senior Health Visitor, Health Visitors are responsible for duties pertaining to school nursing, child welfare services and other environmental services. In certain rural areas, triple duty nurses undertake school nursing, health visiting, domiciliary midwifery and home nursing.

As school nurses, the health visitors and triple duty nurses accompany the medical officers at primary school routine medical inspections, discussing problems with parents, assisting with the undressing and dressing of children, weighing and testing vision. In secondary schools the nurses do not normally attend throughout the inspections, the organisation being left in the hands of the

cleanliness inspectresses, and the health visitors only looking in towards the end of the inspection to discuss cases and receive instructions as to follow-up. They may also require to be in attendance with the medical officers when carrying out other examinations as mentioned in (A) above. School nurses are responsible for visiting and keeping records of all cases in (A) referred for follow-up from medical inspections.

As stated in (A) above, nurses also attend each school at least once a week to carry out treatment of minor ailments and discuss any problems with the teaching staff.

At the beginning of each session, and where necessary at the beginning of each following term, nurses carry out cleanliness inspections of all school children. Regular follow-up work is done in all defective cases. "Chronic" cases are referred by nurses to either of the two Cleanliness Inspectresses, who then visit the homes and arrange with parents for cleaning of the children. In cases of re-infestation, Statutory Notices under the Education (Scotland) Act, 1962, may be issued, with subsequent legal proceedings, should children not be kept clean. The value of this service is obvious in that in the session 1950/51, 40,517 examinations for cleanliness were carried out by Health Visitors, and 1,784 defective cases were reported, while in session 1967/68, 59,378 examinations were carried out and only 373 defective cases were reported.

The Cleanliness Inspectresses assist Health Visitors in carrying out the termly cleanliness inspections and also attend at Eye Clinics where they take over from Health Visitors who attend for a short period only to prepare children for examination by the ophthalmologist. Cleanliness Inspectresses also attend at Orthopaedic Consultant Clinics, assisting with dressing and undressing of children. These latter duties undertaken by Cleanliness Inspectresses allow the Health Visitors more time to carry out other duties for which their special skill and training are required.

(D) Co-ordination with the Public Health Service and with other Departments of the Authority which render Services to Children

The work of the medical officers, dental officers and nurses is so co-ordinated as to ensure the maximum efficiency of the various services pertaining to the health and well-being of children.

Child Welfare Clinics are held at thirty-five (Midlothian 31, Peeblesshire 4) centres throughout the area (in only one area is a clinic held in premises other than modern combined purposes clinics, health services clinics or specially adopted premises). In addition to general paediatric advice, health education, etc., assistant medical officers carry out large numbers of preventive vaccinations and immunisations. In the more rural areas assistant medical officers may visit children in their homes to give vaccinations and immunisations.

In all clinic areas special arrangements are made for "toddlers"

examinations. In the smaller areas these are fitted in at suitable times during the ordinary child welfare clinic session and in the larger clinic areas special toddlers clinics are held, timed appointments being sent from the head office direct to the parents. The following groups are at present being seen:

Aged $1\frac{1}{2}$ years—Medical examination including such prophylaxis (complete age group) as may be necessary.

Aged $2\frac{1}{2}$ years—Medical examination including such prophylaxis (selected cases only) as may be necessary.

Aged $3\frac{1}{2}$ years—Medical examination, including check on position (selected cases only) revaccination and immunisation, any necessary action regarding boosters, etc., being taken.

Aged $4\frac{1}{2}$ years—Medical examination.
(complete age group) Triple immunisation and poliomyelitis vaccination booster.

Dental inspection, advice, and later treatment where necessary.

Arrangements are made to ensure that children “at risk” and handicapped children are given special attention, especially in the $2\frac{1}{2}$ years and $3\frac{1}{2}$ years age groups.

All Health Visitors have been trained in the special techniques applicable to the giving of screening tests to very young children. In addition to such tests as are carried out in the homes, in certain areas special hearing testing clinics are held with subsequent re-testing and follow-up of children not responding.

A special register is kept of children “at risk.” When children are referred by Medical Officers the child welfare records are sent to the head office, where they and the appropriate office birth cards are “tabbed.” The child welfare records are returned to the Health Visitor, who arranges such special clinic and home visitation as may be necessary following consultation with the Area Medical Officer. The Health Visitor also arranges for these children “at risk” to be seen as necessary either at the child welfare clinic or at home by the area medical officer, who ascertains that all appropriate action is being taken and, if necessary, initiates such action.

Following on from the “at risk” register, handicapped children in the area are known from an early age. Where necessary, after initial supervision as being “at risk,” certain children may be transferred to the register of handicapped children. In many cases, of course, children are so handicapped as to be placed immediately on the latter register. Special arrangements are made for visitation and follow-up by medical officers. In this way mentally and physically handicapped children are very largely dealt with before entry to school, the Director of Education being advised in all appropriate cases.

When children reach the age of 4½ years their child welfare records containing their medical history up to that time are forwarded to the head office. After persual of the complete records by area medical officers, any necessary additional details are added by them and the complete record is placed inside a "skeleton" school medical card to await the child's admission to school, when the records are transferred to the school health section. The child welfare card is retained with the school medical records during the whole of the child's school life.

In cases of children reported as unfit for admission to school by reason of either mental or physical handicap, regular visitation is made by medical officers. Where appropriate, home tuition is arranged. Advice and encouragement is given to parents of handicapped children and every effort is made to place such children in special residential schools, etc.

School medical and dental record cards are kept centrally at the head office. Each month head teachers send in "alteration of school roll," giving details of all admissions and leavers. In this way a complete record is kept of all children attending schools in the area. Particulars of all prophylactic measures are entered in school medical records. Details of all medical examinations, audiometric tests and examinations at orthopaedic consultant and ophthalmologist's clinics are also entered. Similarly, relative precis of all hospital reports are inserted in the school medical records, information being given as to appropriate file reference number so that medical officers may quickly refer to full case histories and correspondence.

Tuberculosis skin testing and, where necessary, B.C.G. vaccination and X-ray is offered to all child contacts of confirmed cases and to all children aged 13 years. In addition, special investigation is made into the contacts of 13-year-old children reported as showing strongly positive reactions. These contacts are given skin testing and where necessary B.C.G. vaccination if pre-school and school contacts and X-ray if adult contacts. Details of skin tests, etc., are entered on school medical cards as mentioned above. Arrangements are also made for the X-ray examination of school teaching and ancillary staffs.

The Children's Officer passes to the head office details of all children boarded out in the County with foster parents. Arrangements are made for these children to be kept under regular observation at school.

As already mentioned, reports on handicapped children who may require special vocational guidance are passed to the Midlothian and Peeblesshire Youth Employment Committee via the Youth Employment Officer.

For various reasons, mainly staffing difficulties, the health education scheme referred to in the Report for the year ending 31st July 1964 has not expanded as much as was then hoped. Never-

theless a wide range of talks and demonstrations continue to be given by the medical and health visiting staffs in both primary and secondary schools. Full use continues to be made of the facilities offered by the Scottish Council for Health Education.

(E) Co-operation with Voluntary Bodies and other Outside Agencies

Full co-operation is offered with voluntary bodies and outside agencies. As mentioned above use is made especially of the services offered by the Scottish Council for Health Education.

(F) Co-operation with Teachers and Parents

Parents are invited to attend at routine medical examinations and at certain other examinations when necessary. Full details of date, time and place of examination are always given and every effort is made to ensure that parents have to wait for minimum periods only at clinics and school inspections. Similar arrangements are made in the dental services.

Regular consultation takes place between medical officers, health visitors, head teachers and class teachers, who continue to give the medical, dental, nursing and clerical staff their full support and co-operation. Indeed, the majority of our schemes owe much of their success to the assistance of school staffs.

Members of the medical, dental and nursing staff give periodic talks, usually supplemented by films or film strips, to Parents' and Teachers' Associations and to Women's Organisations and Youth Organisations.

First-Aid Appliances in Schools

All schools are issued with first-aid boxes. Differing types of "boxes" are used and, for convenience, these have been named Central, Departmental, Technical, Gymnasium and Classroom Boxes.

Larger schools are issued with a number of boxes for different departments, and a list of the contents of each box is given in a separate sheet (where applicable). The location of the boxes is at the discretion of the Head Teacher.

Two of the boxes require special mention:

- (1) In schools with a nearby playing field, the Gymnasium Box is fitted so that it can also be used on the playing field.
- (2) In Primary Schools with Infant Classes, a "Classroom Box" is also issued for such classes. This box contains just a few articles of equipment for very minor injuries, the idea being that such injuries can be treated by the teacher without the need for the child to leave the classroom.

Replenishment is made from the Head Office on request by the Head Teacher.

School Closure

No schools or classes were closed for Public Health reasons during the year. 3,282 children (Midlothian, 2,451, Peeblesshire, 831) suffering from infectious diseases were temporarily excluded during the session. Details are given in Tables IX (Midlothian) and IXA (Peeblesshire).

The number of cases of scabies has again risen. Health Visitors continue to follow up all cases notified and the department has continued to keep in close touch with family doctors and head teachers regarding the treatment of cases and observation of contacts. The increased incidence of this disease is by no means confined to Midlothian and Peeblesshire, but is a national problem which is giving cause for some concern.

**MIDLOTHIAN
GENERAL STATISTICS**

Number of Schools:				
(a) Primary	} under Education Authority }			59
(b) Junior Secondary				2
(c) Senior Secondary				8
(d) (1) Special School	...	...	...	1
(2) Special classes in ordinary school	...	...	...	2
(3) Occupational Centres	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection	...	...	...	—
Number of children on the registers	...	...	...	22,497
Number of children in average attendance	...	...	...	20,850

SANITARY CONDITIONS OF SCHOOLS

As will be seen below the provision of internal toilet facilities at Lasswade and Pumpherston Primary Schools is well advanced. There are now only two schools—Mid Calder and Newbridge Primary Schools—which still have outside lavatories.

NEW SCHOOL BUILDINGS AND EXTENSIONS

I am indebted to the County Architect for the following information.

The following works were completed or were substantially completed by 31st July, 1968:

Balerno Primary School. The provision of two temporary classrooms will be completed by the end of August.

Gorebridge Primary School. A covered way, linking the infant block with the main building, was provided.

Hawthornden New Primary School, Bonnyrigg. This new two-stream primary school is being completed for occupation at the start of the 1968/69 session.

Lasswade Primary School. Alterations to provide internal toilets are being completed in the infant block of this school.

Penicuik High School Extension. The swimming pool section of the extension is being completed for the start of the 1968/69 session. All the new teaching accommodation is already in use.

Pumpherston Primary School. Alterations to provide additional internal toilet accommodation are well advanced.

Riccarton Primary School, Currie. The school has been extended by the provision of a block of two classrooms and toilet accommodation for the hatted section has been provided by the adaptation of one of the huts.

General. In addition, automatic stoking facilities were provided at the boilers in a number of schools. This will improve the heating as well as give more economical and efficient burning.

THE FINDINGS OF MEDICAL INSPECTION

Number Examined. In accordance with H. & W.S. Circular 25/1968, the following groups of children underwent systematic inspection:

- (1) Entrants (children entering school for the first time).
- (2) Pupils born in 1960 (Visual Acuity and Hearing only).
- (3) Pupils born in 1954.
- (4) Pupils born in 1951.
- (5) Other systematic examinations—pupils not previously subjected to detailed routine inspection, as well as those who, because of absence for any other reason, were missed in the age group the previous year.
- (6) Special examinations—pupils examined at the request of parents, teachers or health visitors.
- (7) Re-examinations—pupils found at previous inspections to be suffering from disease or defect and recommended by Medical Officers for re-examination.

In addition, children attending Trek Camps, Swimming Instruction, etc., were medically examined under special arrangements, and altogether 18,401 examinations were made by Medical Officers during the year, full details being given in Table I.

General. The following notes do not include 16-year-old age group. Only 193 pupils were examined, and defects, apart from being classified differently, were minimal.

Uncleanliness. The position with regard to uncleanliness is given in Table III, VI and VII.

In view of the increased incidence of scabies, cleanliness inspections were carried out in all schools at the beginning of each term.

A total of 59,378 special examinations for uncleanliness were made by the Health Visitors, acting in their capacity as School Nurses. During the year 372 children were reported as suffering from nits and 36 were reported as suffering from head vermin. This represents

approximately only 1·8% of the total school population as suffering from this obnoxious condition. As will be seen from Table VII, 334 of these cases were cleaned up during the year and at the end of the session 54 cases had improved and 11 cases had left school. The 9 cases which had not improved were under regular visitation.

A summary of the cases dealt with by Cleanliness Inspectresses is as follows:

Number of cases referred by Health Visitors	244
Number of cases examined by Cleanliness Inspectresses	244
Number of Statutory Notifications issued by County Clerk following representations by Medical Officer	2
Number of cases prosecuted	—
Number of children cleansed and free from infection at last examination:	
Following parents' permission to cleanse	30
Following Statutory Notice	2
Following cleansing by parents at home	169
	<hr/>
	201
Cases left school before cleansing completed	2
Cases under supervision	41
	<hr/>
	244
Number of treatments carried out by Cleanliness Inspectresses:	
Following parents' permission	154
Following Statutory Notice	10
	<hr/>
	164

In addition to treatments the Inspectresses in their follow-up work carried out 2,265 reinspections of infected children. The Inspectresses also made 417 home visits, the value of which is borne out by the fact that 169 children were cleansed by the parents at home, where, of course, the main problem of uncleanness lies.

In addition to their cleanliness duties, the Inspectresses attended the following:

	Sessions
Eye Clinics	95
Orthopaedic Clinics... ..	41
Child Welfare Clinics	8
School Medical Inspections	180
School Cleanliness Inspections	19
Termly Cleanliness Inspections with Health Visitors	137
Other Sessions	13
Office (clerical work during the school holiday periods under the control and supervision of the Administrative Officer)	198
	<hr/>
	691

As will be seen from the above, the Cleanliness Inspectresses are devoting a considerable part of their time to duties other than

cleanliness of cases referred to them. They are thereby freeing Health Visiting staff for other duties and are a most valuable addition to the Health team.

Skin Conditions. The incidence of these is dealt with in Table III, V and VIII. The cases found at routine inspections were 134 (3·8%), as follows:

Diseases of the skin and subcutaneous tissue	...	80
Viral Warts	... ..	40
Pediculosis	... ..	5
Scabies	... ..	7
Mycoses	... ..	2
		<hr/>
		134

Nutrition. 82 (2·4%) children were found to suffer from nutritional abnormality:

Protein malnutrition	... ..	4
Other nutritional deficiency—coeliac	... ..	2
Other nutritional deficiency—unspecified	... ..	4
Obesity not specified as of endocrine origin	... ..	72
		<hr/>
		82

The average heights and weights of children examined are given in Table II.

Mouth, Nose, Throat and Glands. 412 (11·8%) children were found to suffer from these diseases, enlarged tonsils (317 found at “entrants” examination) forming the largest group:

Hypertrophy of tonsils and adenoids	... ..	335
Chronic nasopharyngitis	... ..	63
Other defects of the nose and throat	... ..	7
Enlargement of lymph nodes	... ..	7
		<hr/>
		412

Vision. 299 children were found at routine inspection to have a degree of defective vision which required further investigation by the School Ophthalmologist at Eye Clinics. A total of 1,712 children were examined at Eye Clinics during the year. Details are given in Table X. Of the children examined, 538 were being seen for the first time and 269 of these had glasses prescribed. 1,272 were children being called for routine follow-up, etc., and 480 had glasses prescribed. Our Ophthalmic Services are operated under the National Health Service (Scotland) Act, the Local Authority only making appointments for examination and providing the clinic premises. Of the 2,111 5-year-old children tested, 139 were referred, and 78 children were examined by the Ophthalmologist by the end of the session. Of these 37 had spectacles prescribed.

22 children (1 girl, 21 boys) were reported as suffering from defective colour vision.

External Eye Disease. Cases of external eye disease were rare except for squints, 50 (1.4%), which were dealt with as defective vision cases.

Ears and Hearing. 13 (0.4%) cases suffered from otitis media.

In the routine audiometric tests the groups tested were those children born in 1962 (5-year-old age group), 1960 (7-year-old age group) and 1956 (11-year-old age group). In addition there were also tested special cases referred from medical inspections and other sources, and retests were carried out on children reported as defective from last audiometric tests. Any 1962, 1960 and 1956 age group children were included with their respective age groups and not in the "retest" group. Altogether 7,636 children were tested and details are given in Table XI.

During the year 79 children were referred to the Aurist for special investigation (38 were referred to Edinburgh Royal Infirmary, 38 to Bangour Hospital, West Lothian, and 4 to Peel Hospital, Selkirkshire). The Aurist's findings were as follows:

Sinus infection	...	...	...	...	...	3
Tonsils and adenoids enlarged	...	...	...	...	...	56
Extensive wax (including 1 "foreign body")	...	...	...	...	...	2
Defect of little or no severity (no treatment necessary)	...	...	...	...	...	9
Other defects	...	...	...	...	...	6
						<hr/> 76
Failed to keep appointments	...	...	...	...	...	2
Left area before appointment	...	...	...	...	...	1
						<hr/> 79

Recommendations were as follows:

Operative treatment (including 2 operated on between hearing test and referral)	...	...	...	...	61
Syringing, general cleansing and drops	...	...	...	...	3
No action necessary at this time (but observe)	...	...	...	...	11
To Hearing Aid Clinic (aid fitted)	...	...	...	...	1
					<hr/> 76

During the year, following requests to the Regional Hospital Board, five children were fitted with high-frequency hearing aids. In addition four children were issued with Medresco hearing aids from the Hearing Aid Clinic, Edinburgh Royal Infirmary.

In all of the foregoing cases, general practitioners were advised of the action being taken and of the Aurist's recommendations. Where necessary, Head Teachers were sent special reports for inclusion in Pupils' Progress Record Cards (Section IX Medical Reports) and were asked where appropriate to arrange for special seating in class. All cases are kept under regular observation at school.

Speech. Altogether there are 728 children at school known to be suffering from defective speech (711 articulatory defects and 17 stammering). The following report is made by the Speech Therapists who are on the staff of the Director of Education:

Cases carried forward from Session 1966-67	...	542
New cases admitted for treatment, Session 1967-68		375
Cases discharged or left, Session 1967-68	...	259
Cases on Treatment Register at end of Session 1967-68		658

Mental and Nervous Condition. 137 children (3·9%) were noted at routine inspection to be mentally backward or to suffer from behaviour difficulties. Most of these children, of course, are dealt with as special cases. Mental testing of backward children, however, is confined to those referred as likely to require action under Section 65 of the Education (Scotland) Act, or transfer to a special school or special class in an ordinary school, and the reassessment of children already in attendance at special schools or classes. 109 such children were examined by School Medical Officers during the year.

Recommendations in regard to education were made as follows:

Education in Ordinary School	...	...	...	13
Education in Ordinary School with special educational treatment as an educationally sub-normal pupil	...	...	...	2
Education in Special School (Day) (includes 2 recommended for Occupational Centre)	...	...	...	29
Remain in Special School or Class or Occupational Centre	...	...	...	8
Reported under Sec. 65, Educ. (Scot.) Act, 1962	...	...	...	14
Reported under Sec. 66, Educ. (Scot.) Act, 1962	...	...	...	10
No report considered necessary under Sec. 66, Educ. (Scot.) Act, 1962	...	...	...	5
Decision deferred	...	...	...	3
Reported under Secs. 63/64, Educ. (Scot.) Act, 1962, for special educational treatment	...	...	...	25
				<hr/> 109

Of the above, 23 were children already attending Special Schools or Classes who were given regular reassessment examinations or examined with a view to a report under Sect. 66 of the Act. The remaining 86 children were in Ordinary Schools or not yet in attendance, 52 being examined specially for the first time and 34 being

given routine follow-up examinations. The average age of the children examined for the first time at school was 7 years.

During the year 41 children were allotted vacancies in Special Schools or Special Classes.

Throughout the year 17 children were referred through the School Health Service to the Psychiatrist, Dept. of Psychological Medicine, Royal Hospital for Sick Children. Cases are generally brought to the notice of the Health Department by assistant medical officers, educational psychologists, health visitors or class teachers. In all cases the general practitioners are consulted and they are sent copies of all subsequent reports by the Psychiatrist. The reasons for referral this year were as follows:

Behaviour difficulties at home and at school	...	9
Non-attendance at school	... ..	5
Emotional disturbance	... ..	3

The Psychiatrist reports that, including the above, there are approximately 215 children from this area under supervision at the Department of Psychological Medicine. Most of these have been referred directly from general practitioners.

The stock of enuresis alarm outfits remained at 19 (one of these being permanently at Castlecraig Residential School). During the year 39 cases were treated successfully, 8 cases were unsuccessful and 19 cases are at present under treatment.

Heart Disease. 16 (0.5%) children were found to suffer from congenital heart anomaly.

Lungs. 47 (1.3%) children were found to have an abnormal condition of the lungs with asthma forming the largest group:

Tuberculosis (other)	... ..	1
Acute bronchitis	... ..	10
Chronic bronchitis	... ..	5
Emphysema	... ..	1
Asthma	... ..	30
		—
		47
		—

Skin testing, and, if necessary, B.C.G. vaccination against tuberculosis was offered to all school children known to be contacts of cases of tuberculosis. Acceptances were received for all these children and the results were as follows:

No. of Contacts	Heaf Tested		B.C.G.		Refused	X-rayed
	Negative	Positive	Given	Awaiting		
45	43	2	43	—	—	2*

* (The 2 children X-rayed were satisfactory).

Requests for diagnostic tests were made for three other children who were negative.

Continuing the scheme for protection of school leavers, 96·4% of the 13-year-old group of children, for whom parental consent was received, were skin tested, and children given B.C.G. vaccination or chest X-ray examination according to the results. X-raying of positive reactors to the skin testing showed no evidence of infection. No cases of tuberculosis were found.

Fuller details of the skin testing, etc., are given in Tables XIX-XX.

All of the 13-year-old group of children with the two strongest grades of Heaf reaction were regarded as cases and their family contacts were again skin tested and given B.C.G. or X-rayed if of pre-school or school age, or X-rayed if over this age.

There were only 2 such reactors with 2 pre-school, 3 school and 4 adult contacts. 1 child was given B.C.G. and vaccination for the other was postponed pending completion of other prophylactic measures, and the 4 adults were X-rayed. No cases of tuberculosis were found.

Deformities. 102 (2·9%) cases had the following physical deformities:

Diseases of the musculoskeletal system and connective tissue	58
Cerebral Spastic Paralysis	2
Congenital anomalies:	
Cleft palate and/or cleft lip	8
Club foot	15
Syndactyly	1
Anomalies of the limbs	2
Anomalies of the ribs and sternum	1
Other unspecified anomalies of the musculo-skeletal system... ..	3
Traumatic amputation of fingers	1
Anomalies of genital organs	11
	<hr/>
	102
	<hr/>

General Statement of Defects. Table IV gives the total numbers of exceptional children in the area.

The number of defective children not in attendance at school or in institution can be classified as follows:

Decision deferred	2
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Reported under Section 65 of the Education (Scotland) Act, 1962, as suffering from a disability of mind as to be unsuitable for education or training in a special

school (7 of these children are on the waiting list for admission to hospital; 9 children attend Murrayfield Day Centre (Westerlea School for Spastics), Edinburgh, 4 Ravelrig Day Care Centre (Dr Barnardos'), Balerno, and 2 attend Day Care Centres run by the Esk Valley Mental Health Association	28
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Other conditions:

Recommended for admission to Special School ...	1
	<hr/>
	31

These children are kept under observation by Health Visitors, and are visited during the school holidays by Medical Officers, who may make recommendations regarding general health and supervision. During the session 28 visits were made by Medical Officers.

The following changes took place in the position regarding the 28 home bound children reported in last year's report.

Beyond School Age—under supervision by Welfare						
Section ... ..	...	...	...	...	...	3
Deceased ... ..	...	...	...	...	...	1
To Hospital (Informal Admission) ... ..	...	...	...	...	...	3
To Special School ... ..	...	...	...	...	...	1
To Ordinary School ... ..	...	...	...	...	...	2
						<hr/>
						10

MEDICAL TREATMENT

(A) **Minor Ailments.** Particulars of the cases attending with minor ailments are given in Table VIII. Arrangements exist whereby children with ringworm of the scalp receive X-ray treatment at the Royal Infirmary, Edinburgh. During the year there was no such case reported.

(B) **Defective Vision and Squint.** During the year clinics were discontinued at Croft Street, Dalkeith, and the Health Services Clinic, Bonnyrigg. These were replaced by clinics at the Medical Centre, Dalkeith, and Lasswade High School where fittings, etc., were provided for ophthalmological services. Details of the treatment of defective vision cases are given in Table X. Supervision of occlusion at home was discontinued and this duty was taken over by the orthoptic department of the Royal Infirmary. 126 cases were referred during the year to the orthoptic department.

Apart from children under treatment for squint seven other children were referred for further examination and treatment. The defects from which these children suffered were as follows:

Retrolental fibroplasia	...	...	...	...	...	1
Choroiditis	...	...	...	...	...	1
High Myopia	...	...	...	...	...	1
Marfans syndrome	...	...	...	...	...	1
Bilateral Optic atrophy	...	...	...	...	...	1
Congenital cataract	...	...	...	...	...	2

69 children were operated upon at Edinburgh Royal Infirmary and Bangour Hospital for correction of squint.

General practitioners are notified in all cases where children are referred to hospital. Dr W. O. Petrie, Schools Ophthalmologist, has commented favourably on the organisation and administration of Eye Clinics in this area and I am most grateful to him for his observations.

(C) Nose and Throat (Operative Treatment). No special arrangements exist meantime for this.

(D) Orthopaedic and Postural Defects—(Specialist Treatment). During 1967–68 there were 20 admissions of children to Princess Margaret Rose Hospital for operative procedure.

The Schools Orthopaedic Consultant saw 263 new cases in the course of the year (115 pre-school and 148 school children) and 1,002 old cases (155 pre-school and 847 school children).

Physiotherapists made 1,920 domiciliary visits to treat children or discuss cases with parents, etc. At the end of the year there were 310 pre-school and 1,403 school children on the register. Details are given in Tables XII–XV.

Requests were received from the hospital service to supervise treatment of 28 cases on an after-care basis.

Details for children attending Dalkeith High School swimming pool for therapy are as follows:

			Number	Sessions	Attendances
Boys	...	...	45	35	838
Girls	...	...	36	37	790
Totals	...		81	72	1,628

(E) “ Follow-up ” Home Visitation. “ Follow-up ” visits made by Health Visitors and Cleanliness Inspectresses to homes of children referred from school medical and cleanliness inspections, etc., were as follows:

First visits...	...	...	...	...	1,169
Re-visits	...	...	...	...	1,693
Total visits				...	2,862

DENTAL INSPECTION AND TREATMENT

Report by Chief Dental Officer

The dental service, despite staff changes, sessions lost through illness and recruitment problems, has succeeded in maintaining a reasonable output of work and, although there has been a reduction amounting to 121 treatment sessions, the number of children treated has increased by 1,215 compared with the previous year. This increase is not significant but results from the inclusion in the schools treatment sequence of a greater number of primary school children, whereas in the previous year a larger number of secondary school pupils were presented for examination and treatment.

Altogether 12,295 (11,420) school children were presented for inspection throughout the year, representing only 53.7% of the total school roll. 9,458 or 76.9% (72.02%) showed some form of dental defect and 8,630 or 91.2% (92.84%) of the defective cases were offered treatment of whom 7,099 or 82.2% (78.1%) accepted. The comparative percentages for the previous year are bracketed. 7,096 children were given treatment and subsequently made 26,503 attendances at the various clinics. 86.7% of the cases treated having been made dentally fit by the end of the school year, the remaining 13.3% were carried forward for completion early in the new school session.

It should be noted that the above figures do not include orthodontic cases which are recorded separately in Table XVIII of the appendix.

The number of children recorded as acceptances has been deliberately restricted only to those who received their first treatment visit prior to 31st July, 1968. This is done both for accuracy and convenience in recording. All cases already inspected, but still untreated therefore, will not be counted as acceptances until they make their first treatment visit in the new school year.

The acceptance rate calculated on the current year's work for all school children inspected and treated—both routine and special—is 82.2% compared with 78.1% last year but, when estimated only from the list of schools actually completed during the year following systematic dental inspection—thus excluding all "Specials"—the acceptance of treatment rate is 77.2% which is an improvement of 11% over the previous year and of 6.5% when compared with the average acceptance rate recorded when the same group of schools last underwent treatment.

This is entirely a primary acceptance rate and could be boosted considerably if follow-up facilities were not contra-indicated because of staff inability to cope adequately and timeously with the treatment demand even at its present level.

The average time-lag between consecutive school visits has risen by two months to 22.4 months which, although most disappointing, is understandable under prevailing conditions. It should be remembered also that many parents depend entirely on the County Dental

Service for the care of their children, and it is both unfair and unreasonable that consecutive routine dental examinations should be separated by a period amounting to approximately two years. It is hoped, therefore, that favourable consideration will be given to sufficient staff expansion to reduce this gap to not more, and preferably less, than twelve months.

The usual annual dental inspections were carried out at Cockpen and Glenalmond Occupational Centres during June followed, when necessary and possible, by treatment at the County Clinics. Special arrangements were made for children with serious physical defects to undergo treatment as hospital in-patients.

As already stated in the preface to the report, only one dental auxiliary was employed and barely for a period of eleven months. Altogether she devoted 407 sessions to treatment, which amounted to 1,328 fillings, 56 extractions and 792 other operations, principally prophylactic cleanings, with associated instruction in dental care. It is regrettable that dental auxiliaries are so limited in number, as these girls can make a most valuable contribution to the service. Their wastage rate is high and there is a growing demand by local authorities for their services but, unfortunately, New Cross Hospital, where they are trained, can only accommodate up to sixty trainees per year.

Full details of the year's work are set out in Tables XVI-XVIII.

A comparative analysis of the average output of work for the past three years, excluding orthodontics and prosthetics, is tabulated hereunder and a remarkable similarity is demonstrated between all results of 1965-66 and the year under review. Practically the same group of schools was treated on both occasions and the volume of work would appear to remain constant despite staff changes during the intervening time.

Average Number of:	1967-68	1966-67	1965-66
First Visits per Session	2.26	1.8	2.15
Attendances per Session	8.46	7.58	8.28
Fillings per Session	5.9	5.9	6.04
Extractions per Session	2.97	2.23	2.73
Attendances per Child treated	3.73	4.2	3.84
Fillings per Child treated	2.61	3.27	2.79
Extractions per Child treated	1.31	1.23	1.26

SPECIAL SCHOOLS AND CLASSES

The average numbers on the roll of special schools and classes during the session were as follows:

Cockpen Occupational Centre	...	...	...	38
Mid Calder Occupational Centre	...	...	...	10
Kippielaw School	...	...	...	73
Special Class (Mid Calder School)	...	...	...	20
Special Classes (Roslin School)	...	...	...	52

In addition 2 Midlothian children attended the special class at Galashiels; and 9 attended West Park School, Gorgie, Edinburgh.

Where there are no facilities within the County, handicapped children may be admitted to special residential schools outwith the County, as places become available. At the end of the session 76 handicapped children were attending or resident at the following:

Blind:

Royal Blind School, Edinburgh	8
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Partially Sighted:

Kaimes School for Partially Sighted, Edinburgh	5
Exhall Grange, Warwickshire	1

Deaf:

Donaldson's School for the Deaf, Edinburgh ...	13
St Giles School for Hard of Hearing Children, Edinburgh	7
St Vincent's School for Hard of Hearing Children, Glasgow	1
Little Abbey School, Hampshire	1

Epileptics:

Colony for Epileptics, Bridge of Weir	2
Colthurst School, Cheshire	1

Physically Handicapped:

Broomhayes, North Devon	1
Castlecraig, Peeblesshire	6
Coltness House, Wishaw	4
Trefoil School, Hermiston	3
Westerlea School for Spastics	6
Challenger Lodge	2
Craiglockhart Secondary, Edinburgh	1
Lady Mary School, Edinburgh	1
Rubane School, Northern Ireland	1

Maladjusted Children:

Craigerne, Peebles	5
Lendrick Muir, Perthshire... ..	5
Harmeny House, Balerno	2

76

Fifteen children (4 pre-school children and 11 children of school age) suffering from varying degrees of spastic paralysis attended on varying days each week at Murrayfield Day Centre, Edinburgh, organised by the Scottish Council for the Care of Spastics, 4 attended at Ravelrig (Dr Barnardo's), Balerno, and 2 at Day Care Centres run by Esk Valley Mental Health Association.

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

Swimming Instruction. The Education Committee have continued to give all Primary VI pupils the opportunity of learning to swim and all Secondary II pupils the opportunity of learning life-saving. A scheme during school hours was conducted for pupils attending schools in Dalkeith—Lasswade—Gorebridge—Musselburgh—Currie—West Calder areas and a holiday scheme was conducted in July for pupils attending other schools in the County. 2,623 pupils took part in the two schemes: 1,681 Primary VI pupils were taught to swim and 550 Secondary II pupils gained awards of the Royal Life Saving Society.

1,962 examinations were carried out on children taking part in swimming instruction. 122 children suffered from the under-noted defects, 21 being excluded from attendance. Children suffering from conditions of uncleanness or minor skin infections were allowed to attend after satisfactory treatment had been carried out:

Athlete's Foot	...	...	...	...	...	5
Warts	...	...	...	...	...	27
Plantar Warts	...	...	...	...	...	7
Verucca	...	...	...	...	...	9
Septic sores	...	...	...	...	...	6
Other skin conditions	...	...	...	...	...	22
Nits	...	...	...	...	...	19
Unsatisfactory personal hygiene	...	...	...	...	...	11
Other Defects	...	...	...	...	...	16
						122

Hostel Treks. In July, 1968, the Education Committee provided for 480 pupils, in groups of 20 approximately, taking part in hostel treks during the holidays. Four groups trekked in the Trossachs, four in Loch Tay area, four in Cairngorm area, four in the Lake District and four in the Grampian area.

All the children taking part were given an inspection approximately ten days before each trek camp was due to begin and a final inspection of defective cases, absentees, etc., was made on the morning of departure of each party. A circular letter was sent to all parents of children taking part in the trek camps stressing the need for a high standard of cleanliness. At the first inspection 7 girls and 2 boys were reported as having "nits", but at the final inspection these conditions had been treated satisfactorily.

HEALTH EDUCATION

In all 315 talks were given in 36 schools (27 Primary, 9 Secondary and 1 Technical College). Details are given in Tables XXI and XXII. In many cases talks covering one subject are given in series

to small groups. The total number of talks given are detailed in the table, but to avoid a misleading inflation of pupils being given these talks, only the actual number of pupils spoken to are detailed under each subject and not total pupil attendances.

SCHOOL MEALS AND MILK SCHEME

School Meals. School meals are supplied from 2 central kitchens in the County and from 40 school kitchens.

Mid-day meals are available at 72 schools in the County.

The average number of children who took meals daily was as follows:

Free	2,265
On payment	7,232
	<hr/>
	9,497
	<hr/>

The number taking meals in June, 1968, was 40.72 % of the school roll.

Milk in Schools Scheme. Milk of "T.T." or pasteurised quality was available at all our schools during this session.

The average daily number of children who had milk at school during the session was 20,370. This represents approximately 85 % of the total school roll.

HANDICAPPED CHILDREN LEAVING SCHOOL

The Midlothian and Peeblesshire Youth Committee are advised of any physically or mentally handicapped children leaving school whose suitability for employment is limited. In the course of the year 123 Midlothian children were so reported.

IMMUNISATION AND VACCINATION

During the year 2,315 children of school age were given "booster" injections against diphtheria. The number of children admitted to school for the first time and who had already been given "booster" injections was 2,086 or 82 % of all new entrants. A special check made on all school medical records at the end of June showed that 1,550 cards (approx. 7 %) bore no record of children being immunised against diphtheria.

Poliomyelitis vaccinations continued to be offered to all children over 6 months of age, including the administration of a fourth dose to all children entering school at the age of five years. During the year 2,429 children from 6 months of age to 16 years of age were given primary vaccination and 2,125 were given a fourth dose. A

special check made on all school medical records as above showed that 1,659 cards (approximately 8% of the school population) bore no record of children being vaccinated against Poliomyelitis.

A special check was also made in regard to smallpox vaccination. 4,207 children (approximately 19% of the school population) were found to be not vaccinated.

PEEBLESHIRE

GENERAL STATISTICS

Number of schools:				
(a) Primary	} under Education Authority {	...		14
(b) Secondary		...		2
(c) (1) Special schools	...	...	...	—
(2) Special classes in ordinary schools	...	...		1
(3) Residential schools	...	...	...	1
(d) In receipt of grant from Education Authority and under medical inspection	...	...	...	—
Number of children on the registers	...	...		2,115
Number of children in average attendance	...	...		1,952

SANITARY CONDITIONS OF SCHOOLS

During the past session alterations continued at West Linton School and were commenced at Broughton School. When these are completed Stobo School will be the only school in the county with external toilet accommodation.

NEW SCHOOL BUILDINGS AND EXTENSIONS

I am indebted to the Director of Education for the following information:

Alterations

Peebles High School. Work still proceeding with extension; Phase II now being built.

West Linton Primary School. Renovations and alterations in progress.

Broughton Primary School. Renovations and alterations commenced January, 1967.

Redecoration

Kingsland School. Interior decoration of two staircases and Room 4.

Eddleston School. Interior decoration of boys' and girls' cloak-rooms.

Traquair School. Redecoration of boys' and girls' cloakrooms.

THE FINDINGS OF MEDICAL INSPECTION

Number Examined. In accordance with H.&W.S. Circular 25/1968, the following groups of children underwent systematic inspection:

- (1) Entrants (children entering school for the first time).
- (2) Pupils born in 1960 (Visual Acuity and Hearing only).
- (3) Pupils born in 1954.
- (4) Pupils born in 1951.
- (5) Other systematic examinations—pupils not previously subjected to detailed routine inspection, as well as those who, because of absence for any other reason, were missed in the age group the previous year.
- (6) Special examinations—pupils examined at the request of parents, teachers or health visitors.
- (7) Re-examinations—pupils found at previous inspections to be suffering from disease or defect and recommended by Medical Officers for re-examination.

In addition examinations were carried out on children requiring transport, etc. Altogether 1,055 examinations were made by Medical Officers during the year, full details being given in Table IA.

General. The following notes do not include the 16-year-old age group. Only 47 pupils were examined and defects, apart from being differently classified, were minimal.

Uncleanliness. The position with regard to uncleanliness is given in Tables IIIA, VIA and VIIA.

Skin Conditions. 6 children (2·4%) were found at routine inspection to suffer from skin conditions.

Nutrition. 2 (0·8%) children at routine inspection were found to be slightly overweight.

The average heights and weights of children examined in routine inspections are given in Table IIA.

Mouth, Nose, Throat and Glands. The total number of cases with defects was 16 or 6·5%. Of these defects 11 occurred in the 5-year-old group of children.

Vision. 10 children were found at routine inspection to have defective vision requiring treatment. 135 children were seen at Eye Clinics during the year, details being given in Table XA. Of the children examined, 37 were being seen for the first time and 98 were children being called for routine re-examination, etc. Of the 146 5-year-old children tested, 6 were referred to the oculist and 2 had glasses prescribed.

External Eye Disease. Cases of external eye disease were few, though 5 or 2·0% of the "routine" children were found to have a squint.

Ears and Hearing. No cases of ear disease were found.

In the routine audiometric tests the groups tested were those children born in 1962 (5-year-old group), 1960 (7-year-old group) and 1956 (11-year-old group). In addition there were also tested special cases referred from medical inspections and other sources, and retests were carried out on children reported as defective from last audiometric tests. Any 1962, 1960, and 1956 age group children were included with their respective age groups and not included in the "retest" group. Altogether 668 children were tested and details are given in Table XIA.

Speech. 4 (1.6%) children were found at routine examinations to suffer from stammering.

The Speech Therapist left on 28th September, 1967, and at the date of this report it had not been possible to fill the vacancy.

Mental and Nervous Conditions. 5 children (2%) were noted at routine inspection to be mentally backward or to suffer from behaviour difficulties.

During the year 16 children in this group were examined specially by the School Medical Officer. Recommendations were made as follows:

Education in the ordinary school	5
Education in Special School (Day)	3
Remain in Special School	4
(Routine re-assessment of children at St Ronan's Special School.)	
Report under Sect. 66 of the Educ. (Scot.) Act, 1962	2
Report under Sect. 65 of the Educ. (Scot.) Act, 1962	1
Report under Sect. 63/64 of the Educ. (Scot.) Act, 1962	1
	<hr/>
	16

One boy was referred during the year to the Psychiatrist, Department of Psychological Medicine, Royal Hospital for Sick Children, but as his adjustment to school improved the referral was cancelled. Subsequent observation confirms that he has now settled in class. The Psychiatrist reports that there are 11 Peeblesshire children under supervision at hospital. Most of these have been referred direct by general practitioners.

Heart Disease. No severe cases of heart defect were found.

Lungs. 6 children (2.6%) examined at routine inspection were found to have some abnormality of the lungs.

Skin testing and, if necessary, B.C.G. vaccination against tuberculosis was offered to all school children known to be contacts of cases of tuberculosis. The results were as follows:

No. of Contacts	Heaf Test		B.C.G.		X-ray
	Negative	Positive	Given	Awaiting	
7	6	1	6	—	1

The one child X-rayed was later confirmed as a respiratory case. The skin testing and giving of B.C.G. to all 13-year-old school children was continued this year.

Details of the skin testing, etc., are given in Tables XXA-XXIA.

13-year-old group children with the two strongest grades of Heaf reaction are regarded as cases and their family contacts are duly skin tested and given B.C.G. or X-rayed if of school or pre-school age, or X-rayed if over this age. There was one such reactor with 2 adult contacts. Both were X-rayed and the results were satisfactory.

Deformities. 13 cases (5·3%) of fairly marked physical deformity were found:

Cleft Lip	...	...	...	...	...	...	1
Flat foot	...	...	...	...	...	...	7
Hallux valgus	...	...	...	...	...	...	3
Club foot	...	...	...	...	...	...	1
Other musculoskeletal anomaly				...	...	...	1
							<hr/> 13

General Statement of Defects. Table IVA gives the total numbers of exceptional children in the area. There is one child of school age not suitable for ordinary school, who attends Murrayfield Day Centre (Scottish Council for the Care of Spastics). The 2 children in the Grade 2(a) (partially sighted) group, attending ordinary school, are two boys suffering from albinism who were formerly at Castlecraig. Both boys are kept under regular observation and are coping satisfactorily at present.

MEDICAL TREATMENT

(A) **Minor Ailments.** Particulars of the cases attending with minor ailments are given in Table VIIIA. Treatment of minor ailments takes place in all schools in the County.

(B) **Defective Vision and Squint.** Details of the action taken in defective vision cases are given in Table XA. Nine cases were referred to the Orthoptist during the year.

(C) **Nose and Throat (Operative Treatment).** Children suffering from enlarged tonsils and adenoids are treated under arrangements made with the Borders Hospitals Board of Management.

(D) **Orthopaedic and Postural Defects (Specialist Treatment).** During the year to 31st July, 1968, 10 children were admitted to Peel Hospital, Galashiels, and 2 to Princess Margaret Rose Hospital for operative treatment, and 35 attended as out-patients. The Schools Orthopaedic Consultant saw 36 new cases (all school children) and 142 cases (5 pre-school and 137 school children) previously seen were re-examined.

11 Domiciliary visits were made by the Physiotherapist and at the end of the year there were 17 pre-school and 160 school children on the register.

Details are given in Tables XIIA-XVA.

(E) **“ Follow-up ” Home Visitation.** “ Follow-up ” visits made by Health Visitors to homes of children referred from school medical and cleanliness inspections, etc., were as follows:

First visits	...	...	...	...	...	...	31
Re-visits	...	...	...	...	...	...	55
Total visits							86

DENTAL INSPECTION AND TREATMENT

Report by the Chief Dental Officer

Staff changes, illness and recruitment difficulties have together contributed to the problem of providing an annual treatment visit to all the rural schools but fortunately, with the sole exception of Eddleston, this has been successfully accomplished and treatment at Eddleston will be carried out early in the new school year. The usual “ fixed ” clinic facilities have been maintained at Peebles High School and St Ronans, where the dental officer is regularly in attendance on Tuesdays and Thursdays respectively, except during August when arrangements are slightly modified.

Altogether 1,704 (1,397) school children were inspected during the school year representing over 80% of the total school roll. 1,192 or 70.1% (79.6%) showed some form of dental defect, 1,119 or 93.9% (95.8%) of the defective cases were offered treatment, of whom 978 or 87.4% (90.3%) accepted. 974 (962) children were actually treated and made 3,289 (3,460) attendances at the various clinics. The comparative figures for the previous year are bracketed. By the end of the school year 77.3% of the cases treated had been made dentally fit and the remainder will be completed early in the new session.

It should be noted, however, that these figures do not include orthodontic cases which are recorded separately in Table XVIII A of the Appendix.

All children with defects, either simple or complex, who were not offered treatment, were already either under the care of private practitioners or their dental defects were so trivial that treatment was considered unnecessary.

The number of acceptances recorded refers only to those children who were given their first treatment visit during the school year under review. This is done both for accuracy and convenience in recording. Other cases already inspected, but still untreated, will not be counted as acceptances until they make their first visit for treatment in the new school year.

The acceptance of treatment rate, if calculated from Table XVI A is 87.4%, but when reckoned only from the list of schools actually completed during the year following systematic dental inspection—thus excluding all “specials”—the acceptance rate is 83.5% compared with 81.8% the previous year. It should be noted that this is a primary acceptance figure entirely unstimulated by any follow-up effort and that when the same group of schools was last treated the acceptance rate was 79.2%.

It is gratifying to state that the average interval between two consecutive visits to any one school has been reduced to 12.4 months, but it seems prudent to suggest that, under present conditions, it is unlikely that this figure will remain constant but will continue to fluctuate from year to year, because it is governed by so many external influences.

Careless eating habits and indifferent hygiene are the controlling factors which create a high caries rate, which subsequently demands more operative time to remedy and the time factor is further aggravated by a laudably high rate of acceptance.

Details of the year's work appear in Tables XVI A–XIX A.

By comparison with the previous year it was possible to devote eight additional sessions to dental inspection and treatment which resulted in the presentation of 307 more children for examination. The two secondary schools were completed during the year, thus 484 more pupils in the upper age groups were included, hence the slightly greater emphasis in conservation of permanent teeth associated with a corresponding drop in fillings of deciduous teeth.

A comparative analysis of the work for the past three years appears in the following table in which the various headings show remarkably little variation.

Average Number of	1967–68	1966–67	1965–66
First Visits per Session	1.82	1.83	1.65
Attendances per Session	6.15	6.6	6.52
Fillings per Session	3.99	4.1	4.64
Extractions per Session	1.08	1.6	1.38
Attendances per child treated	3.88	3.6	3.96
Fillings per child treated	2.19	2.22	2.80
Extractions per child treated	0.59	0.88	0.84

SPECIAL SCHOOLS AND CLASSES

At the end of the year there were 20 pupils in attendance at St Ronan's Special School.

Handicapped children may be admitted to special schools as resident pupils, etc. At the end of the year 5 handicapped children were attending or resident as follows:

St Giles' School, Edinburgh (hard of hearing children)	3
Garvald House, Dolphinton (mentally handicapped)	1
Donaldson's School for the Deaf	1
	5

CASTLECRAIG RESIDENTIAL SCHOOL

Peeblesshire Children

	Boys	Girls	Total
In attendance at beginning of Session 1967-68	2	—	2
Admitted at beginning of Session ...	—	—	—
Discharged during the Session	1	—	1
For discharge at end of Session	1	—	1
Recommended for re-admission at beginning of Session 1967-68	—	—	—

General

	Boys	Girls	Total
Re-admitted at beginning of Session 1967-68... ..	17	10	27
Admitted at beginning of Session and at various times throughout the year ...	16	5	21
	33	15	48
Discharged, died or withdrawn during Session	10	5	15
	23	10	33
Recommended for discharge at end of Session 1967-68	7	3	10
Recommended for re-admission at beginning of Session 1968-69	16	7	23
Vacancies available at beginning of Session 1968-69	13	5	18

(1) Children in attendance during the session came from the following areas:

	Boys	Girls	Totals
Peeblesshire	2	—	2
Midlothian	3	3	6
Lanarkshire	18	6	24
Selkirkshire	2	—	2
Edinburgh	—	2	2
West Lothian... ..	3	1	4
Glasgow	2	2	4
Orkney	1	—	1
Stirling	2	—	2
East Lothian	—	1	1
	<hr/> 33	<hr/> 15	<hr/> 48

(2) Children in attendance suffered from the following defects:

	Boys	Girls	Totals
Asthma	25	11	36
Bronchitis	3	—	3
Brain Damage	1	—	1
Petit Mal	—	1	1
Albinism	1	—	1
Cardiac Defect	—	1	1
General Debility	1	2	3
Spastic	1	—	1
Orthopaedic	1	—	1
	<hr/> 33	<hr/> 15	<hr/> 48

(3) Children discharged, died or withdrawn during the session

	Boys	Girls
Glasgow	—	1
Lanarkshire	7	3
Peebles	1	—
Selkirkshire	1	—
Midlothian	1	—
Edinburgh	—	1

(4) Children recommended on 31st July, 1968, for return to ordinary schools or discharge on account of age:

	Boys	Girls
Peebles	1	—
Selkirkshire	2	—
West Lothian	—	1
Lanarkshire	4	2
	<hr/> 7	<hr/> 3

(5) Children on waiting list on 31st July, 1968:

Boys	Girls
2	—

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

School Camp

Peeblesshire children did not participate in any school camps this year. The premises of the former school at Tweedhopefoot are being developed as a centre for outdoor activities for secondary pupils and youth.

SCHOOL MEALS AND MILK SCHEME

School meals are supplied from 8 Central kitchens—Peebles High, Halyrude, Kingsland, Broughton, West Linton Central, St Ronan's Secondary, Walkerburn and Manor Schools.

The average number of children who took meals daily was as follows:

Free	...	...	...	...	...	...	...	189
On payment	...	...	...	...	...	...	...	701
On remission of part of charge	...	...	...	...	...	...	...	—
								<hr/> 890

The number taking meals in June, 1968, was 43.3% of the roll.

The above figures do not include children at Castlecraig.

All schools were supplied with pasteurised milk.

The average daily number of children supplied with milk is 1,524 or 74.4% of the total roll.

In addition, children at Castlecraig, Craigerne Special School, Garvald House and Broomlee Camp are supplied with milk under the scheme.

HEALTH EDUCATION

No formal Health Education talks or demonstrations were given.

HANDICAPPED CHILDREN LEAVING SCHOOL

The Midlothian and Peeblesshire Youth Committee are advised of any physically or mentally handicapped children leaving school whose suitability for employment is limited. In the course of the year 7 Peeblesshire children were so reported.

IMMUNISATION AND VACCINATION

During the year 176 children were given "booster" injections against diphtheria. The number of children admitted to school for the first time and who had already been given "booster" injections was 161 or 80% of all new entrants. A special check made on all school medical records at the end of June showed that 164 cards (8%) bore no record of children being immunised against diphtheria.

Poliomyelitis vaccinations continued to be offered to all children over 6 months of age, including the administration of a fourth dose to

all children entering school at the age of 5 years. During the year 261 children from 6 months of age to 16 years of age were given primary vaccinations (i.e. 3 doses) and 197 were given a fourth dose. A special check made on all school medical records as above showed that 168 children, approximately 8% of the school population of 2,115, were not vaccinated against poliomyelitis.

A special check was also made in regard to smallpox vaccination. 296 children or 14% of the school population were found to be not vaccinated.

APPENDIX MIDLOTHIAN

TABLE I

Number of children examined at:

(a) Routine examinations							
Entrants—born 1962	...	...	...	...	...	...	2111
13-year age group—born 1954	...	...	...	...	...	...	1368
16-year age group—born 1949	...	...	...	...	...	...	193
							3672
(b) Other systematic examinations (transfers in, etc., outwith above age groups not previously examined in this area)							
	...	...					2262
							5934
(c) VII. Year Group—Vision only (born 1960)							
Special Cases	...	...	...	...	...	...	1561
Re-inspections by Medical Officers	...	...	...	...	...	...	4287
"Leavers"—Vocational Guidance Examinations	...	...	...	...	...	...	1270
Audiometric Testing—Medical Follow-up	...	...	...	...	...	...	1368
Special examinations (see p. 16)	...	...	...	...	...	...	280
Pre-apprenticeship and Pre-nursing Courses	...	...	...	...	...	...	109
Employment of School Children (Children and Young Persons (Scotland) Act, 1937)	...	...	...	...	...	...	27
Juvenile Offenders (Children and Young Persons (Scotland) Act, 1937)	...	...	...	...	...	...	49
Children attending School Camps	...	...	...	...	...	...	22
Children attending Swimming Instruction	...	...	...	...	...	...	1487
Other Examinations (Transport, Transfers, Irregular Attendance, etc.)	...	...	...	...	...	...	1962
							45
							12,467

TABLE II
HEIGHTS AND WEIGHTS (ROUTINE EXAMINATIONS—
ENTRANTS AND 13-YEAR AGE GROUP)

	Entrants				13-year age group			
	Boys		Girls		Boys		Girls	
	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)
Scotland	43·22	43·44	42·92	42·18	60·85	100·84	60·68	105·37
Midlothian	44·13	44·48	43·76	42·91	61·31	102·39	61·08	105·52

TABLE III
FINDINGS AT ROUTINE EXAMINATIONS

	Entrants				13-Year Age Group			
	Boys		Girls		Boys		Girls	
	No. exmd.	% with defect	No. exmd.	% with defect	No. exmd.	% with defect	No. exmd.	% with defect
Scotland	39,992	51·19	38,733	46·75	29,147	40·58	28,987	40·71
Midlothian	1,088	51·75	1,023	49·76	755	41·46	613	39·64
Midlothian—Major defects found:								
Tuberculosis—Other (Primary) ...	1	·1	—	—	—	—	—	—
Viral warts	5	·5	7	·7	10	1·3	18	2·9
Pediculosis	2	·2	3	·3	—	—	—	—
Scabies	3	·3	2	·2	1	·1	1	·2
Diabetes Mellitus	—	—	1	·1	—	—	1	·2
Obesity not specified	16	1·5	24	2·4	14	1·9	18	2·9
Mental Disorders:								
Personality disorders	14	1·3	20	2·0	4	·5	1	·2
Stammering and Stuttering ...	26	2·4	10	1·0	2	·3	—	—
Enuresis	21	1·9	12	1·2	7	1·0	1	·2
Mental Retardation I.Q. 68-85...	1	·1	—	—	2	·3	1	·2
I.Q. 52-67...	1	·1	—	—	4	·5	1	·2
I.Q. 36-51...	—	—	—	—	1	·1	—	—
I.Q. 20-35...	—	—	—	—	1	·1	—	—
Cerebral Spastic Paralysis... ..	—	—	1	·1	—	—	1	·2
Epilepsy:								
Generalised non-convulsive ...	—	—	1	·1	1	·1	1	·2
Generalised convulsive	4	·4	1	·1	1	·1	2	·3
Refractive errors	73	6·7	66	6·5	84	11·1	76	12·4
Strabismus	21	2·0	16	1·6	7	·9	6	1·0
Colour Blindness	—	—	—	—	13	1·7	—	—
Blindness—one eye	—	—	—	—	3	·4	—	—
Otitis media—acute and chronic ...	6	·6	5	·5	1	·1	1	·2
Deafness—one ear	1	·1	—	—	—	—	2	·3
Impairment of hearing	9	·8	10	1·0	29	3·8	13	2·0
Active rheumatic pericarditis and myocarditis	—	—	—	—	2	·3	—	—
Asthma	13	1·2	4	·4	7	1·0	6	1·0
Hypertrophy of tonsils and adenoids	160	14·6	157	15·4	12	1·6	6	1·0
Chronic nasopharyngitis	29	2·7	21	2·1	9	1·2	4	·7
Dental caries	32	2·9	49	4·8	15	2·0	13	2·1
Diseases of Genito-Urinary system	2	·2	7	·7	—	—	1	·2
Eczema and dermatitis	14	1·3	19	1·9	5	·7	7	1·1
Diseases of the musculoskeletal system and connective tissue ...	16	1·5	7	·7	18	2·4	17	2·8
Congenital anomalies	34	3·1	17	1·7	15	2·0	9	1·5
Enlargement of lymph nodes ...	5	·5	1	·1	1	·1	—	—

TABLE IV

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Disability					At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
1. Blind ...	...	...	...	...	—	8	—	8
2. Partially sighted—								
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition ...	...	...	...	...	—	6	—	6
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school ...	...	...	...	...	—	—	4	4
3. Deaf—Grade I ...	...	...	...	...	1075	11	—	1086
,, II ...	...	...	...	...	89	—	—	89
,, IIA ...	...	...	...	...	425	10	3	438
,, IIB ...	...	...	...	...	—	9	—	9
,, III ...	...	...	...	...	—	13	—	13
4. Defective Speech—								
(a) Defects of articulation requiring special educational measures ...	...	...	...	...	686	25	1	712
(b) Stammering requiring special educational measures ...	...	...	...	...	17	—	—	17
5. Mentally Defective (children between 5 and 16 years)—								
(a) Educable (I.Q. approx. 50–70) ...	...	...	...	...	22	143	—	165
(b) Ineducable (I.Q. generally less than 50) ...	...	...	...	...	—	48	29	77
6. Epilepsy—								
(a) Mild and occasional ...	...	...	...	...	38	7	4	49
(b) Severe (suitable for care in a residential school) ...	...	...	...	...	—	4	—	4
7. Physically Defective (children between 5 and 16 years)—								
(a) Non-pulmonary tuberculosis (excluding Cervical Glands) ...	...	...	...	...	7	—	—	7
(b) General orthopaedic conditions ...	...	...	...	...	2111	45	16	2172
(c) Organic Heart disease ...	...	...	...	...	94	4	—	98
(d) Other causes of ill-health ...	...	...	...	...	261	26	10	297
*8. Multiple Defects ...	...	...	...	...	537	75	29	641
*(Included in above)								

(Included in "At Special Schools or Classes" are children at Special Schools outwith the County, p. 52. See also p. 27, "General Statement of Defects".)

Multiple Defects				Ordinary School	Special School	At Home	Total
2, 5b, 7b	...	...	...	—	—	4	4
3, 4a, 5b	...	...	...	—	1	—	1
3, 5b	...	...	...	—	3	1	4
3, 5b, 7c	...	...	...	—	1	—	1
3, 5b, 7b	...	...	...	—	1	2	3
4a, 5b	...	...	...	—	5	1	6
5b, 6d	...	...	...	—	1	—	1
5b, 6a	...	...	...	—	—	4	4
5b, 7b	...	...	...	—	6	8	14
5b, 7c	...	...	...	—	3	2	5
5b, 7d	...	...	...	—	—	7	7
Others	...	...	...	537	54	—	591
				537	75	29	641

TABLE V
AMELIORATION TABLE—PHYSICAL DEFECTS

DEFECTS	No. Re-ported	TREATMENT				Not yet Visited	Left School or District
		Com-pleted	Pro-ceeding	Pro-mised	Refused		
Enlarged or Septic Tonsils ...	34	10	20	1	—	3	—
Adenoids ...	24	6	13	—	—	5	—
Otorrhoea ...	13	6	7	—	—	—	—
Skin Conditions	104	95	8	—	—	—	1
Various ...	163	105	56	1	—	1	—
Totals ...	338	222	104	2	—	9	1

TABLE VI
CLEANLINESS INSPECTIONS

	TERM		
	Autumn	Spring	Summer
Number Examined ...	20,499	19,448	19,431
Found to have Nits ...	210 (1·0%)	165 (0·8%)	142 (0·7%)
Found to have Head Vermin	12 (0·06%)	10 (0·05%)	12 (0·06%)
New Cases—Nits ...	—	80 (0·4%)	63 (0·3%)
New Cases—Head Vermin	—	1 —	7 (0·04%)

TABLE VII
AMELIORATION TABLE—UNCLEANLINESS

Number found with Vermin	Nits only	Cleansed	Improved	Not Improved	Not yet visited	Left School
36	372	334	54	9	—	11

TABLE VIII
MINOR AILMENTS

Number of Children attending	...	...	...	...	...	1339
Total Number of Attendances	...	...	...	...	...	2355
Classification of Ailments with Attendances:						
				1st Visit	Re-Visit	
(1) Cuts, Bruises, Sprains, Minor Injuries, etc.	...	...	...	565	198	
(2) Diseases of the Ear	...	...	...	19	16	
(3) Diseases of the Eye, excluding Defective Vision	...	...	...	28	23	
(4) Diseases of the Skin:						
Ringworm (Scalp)	...	...	...	3	3	
Ringworm (Body)	...	...	...	13	16	
Scabies	...	...	...	89	136	
Impetigo	...	...	...	17	15	
(5) Other Skin Conditions	...	...	...	229	233	
(6) Other Conditions	...	...	...	376	376	
				1339	1016	

TABLE IX
INFECTIOUS DISEASES

Number of Case Exclusions notified by Head Teachers during Session
1967-1968 on account of Infectious Diseases

	Aug.-Dec.	Jan.-Mar.	April-July	Totals
	Cases	Cases	Cases	
Cerebro Spinal Fever ...	—	—	—	—
Chicken Pox ...	275	426	395	1096
Dysentery ...	21	4	3	28
Enteric Fever ...	—	—	—	—
German Measles ...	26	317	285	628
Impetigo ...	23	10	1	34
Ringworm ...	10	3	5	18
Scabies ...	84	38	19	141
Measles ...	31	28	79	138
Mumps ...	93	98	121	312
Salmonellosis ...	—	—	—	—
Scarlet Fever ...	12	8	6	26
Whooping Cough ...	21	1	8	30
Totals ...	596	933	922	2451

TABLE X
CHILDREN REFERRED TO SCHOOL OCULIST

	CLINICS										
	Bonnyrigg	Currie	Dalkeith	East Calder	Edinburgh	Loanhead	Musselburgh	Newton-grange	Penicuik	West Calder	Total
Cases referred	199	129	572	79	16	133	202	237	212	172	1951
Attended											
Clinic	174	111	495	66	13	115	185	219	182	152	1712
Own Oculist	6	4	5	2	—	6	4	4	1	1	33
Refused treatment	—	—	—	—	—	—	—	—	—	—	—
Glasses prescribed	78	41	238	26	3	22	99	100	76	66	749
No glasses prescribed	96	70	257	40	10	93	86	119	106	86	963
Referred to Orthoptist	10	13	32	12	4	9	10	10	15	11	126

TABLE XI

AUDIOMETRIC TESTING

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Left
						1	2A	2		
Routine Groups										
Infants Born 1962	2354	2214	345	1930	284	154	101	29	140	—
% of No. Tested	—	—	—	87.2	12.8	6.9	4.6	1.3	—	—
Children Born 1960	2143	2051	331	1788	263	190	63	10	92	—
% of No. Tested	—	—	—	87.2	12.8	9.2	3.1	0.5	—	—
Secondary Born 1956	1977	1837	192	1700	137	104	30	3	140	—
% of No. Tested	—	—	—	92.5	7.5	5.7	1.6	0.2	—	—
Absentees (last session)	361	207	19	189	18	13	5	—	23	131
Previously Defective										
Defective last session	1449	1177	842	369	808	526	240	42	134	138
% of No. Tested	—	—	—	31.4	68.6	44.7	20.4	3.5	—	—
Normal last session	473	413	72	347	66	55	11	—	35	25
% of No. Tested	—	—	—	84.0	16.0	13.3	2.7	—	—	—
Special Requests	123	123	43	84	39	18	16	5	—	—
% of No. Tested	—	—	—	68.3	31.7	14.6	13.0	4.1	—	—
Totals	8880	8022	1844	6407	1615	1060	466	89	564	294
Less Duplicates	403	386	191	192	194	127	57	10	17	—
Final Totals	8477	7636	1653	6215	1421	933	409	79	547	294
Previously defective, absent this session	...	...	...	...	134	93	39	2		
Total defectives in above groups	...	...	...	...	1555	1026	448	81	Grade 3 10	
Defective cases attending other schools	...	...	...	...	10	—	—	—		
Area Total of Defectives	...	...	...	...	1565	1026	448	81	10	
% of Total No. of Defectives	...	...	...	...	—	65.6	28.6	5.2	0.6	
% of the School Population of 22,878	...	...	...	...	6.84	4.49	1.96	0.35	0.04	

TABLE XII—ORTHOPAEDIC SERVICE—CLINICS ATTENDED BY ORTHOPAEDIC SURGEON

Centres	No. of Half-day Sessions	Children Attending										Old Cases Total	All Cases Total
		New Cases				New Cases Total	Old Cases						
		Boys		Girls			Boys		Girls				
		Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.			
Balerno	1	—	3	—	1	4	2	11	—	11	24	28	
Bellmans Road	2	3	3	3	2	11	5	23	2	14	44	55	
Bonnyrigg	2	2	7	—	6	15	2	18	1	16	37	52	
Bryans ...	1	1	1	—	1	3	1	13	1	5	20	23	
Currie:													
Thomson Crescent	6	9	4	9	3	25	12	51	9	44	116	141	
Currie High School	1	—	1	—	3	4	—	9	—	11	20	24	
Cuiken	1	3	4	3	3	13	—	4	—	9	13	26	
Danderhall	2	12	8	9	7	36	4	13	1	11	29	65	
Dalkeith:													
Dalkeith High School	1	—	1	—	—	1	—	13	—	13	26	27	
St. David's R.C.	1	1	1	—	—	2	—	14	—	12	26	28	
Medical Centre	5	20	19	13	11	63	23	12	17	20	72	135	
East Calder	1	1	2	3	3	9	—	6	1	1	8	17	
Eastfield	3	—	6	1	1	8	8	43	3	22	76	84	
Fisherrow	3	2	5	2	8	17	3	29	2	25	59	76	
Gorebridge	2	—	1	2	—	3	5	18	3	23	49	52	
Greenhall	2	—	—	2	—	1	—	17	—	—	42	43	
Lasswade	2	2	2	1	1	6	1	27	—	19	47	53	
Loanhead	2	2	—	1	4	7	10	12	4	14	40	47	
Mayfield	1	—	—	1	—	1	—	13	2	5	20	21	
Carried forward	39	58	68	48	55	229	76	346	46	300	768	997	

TABLE XII (Cont.)—ORTHOPAEDIC SERVICE—CLINICS ATTENDED BY ORTHOPAEDIC SURGEON

Centres	No. of Half-day Sessions	Children Attending										Old Cases Total	All Cases Total
		New Cases				New Cases Total	Old Cases						
		Boys		Girls			Boys		Girls				
		Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.			
<i>Brought forward</i>	39	58	68	48	55	229	76	346	46	300	768	997	
Newbridge	1	—	—	—	2	2	—	4	—	3	7	9	
Newtongrange	1	1	3	1	2	7	1	16	1	10	28	35	
Parkhead	1	—	—	—	—	—	1	15	—	11	27	27	
Pinkie St. Peter's	1	—	2	1	—	3	3	18	2	10	33	36	
Ratho	1	—	—	1	—	1	—	1	—	1	2	3	
Roslin	1	—	—	—	6	6	4	8	2	5	19	25	
Wallyford	1	1	1	—	3	5	2	6	—	14	22	27	
West Calder	3	—	2	3	2	7	11	34	6	19	70	77	
Woodburn	1	1	—	—	2	3	—	13	—	13	26	29	
Totals	50	61	76	54	72	263	98	461	57	386	1002	1265	

TABLE XIII—ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPISTS

Centres	Sessions	Pre-School				School			
		Clinic Attndns.		Dom. Visits		Clinic Attndns.		Dom. Visits	
		M	F	M	F	M	F	M	F
Bilston P. ...	15½	10	8	12	5	31	15	9	—
Glencorse P. ...	11½	—	—	2	6	84	42	—	—
Loanhead ...	35½	5	5	30	35	185	162	1	—
Roslin ...	38¾	17	10	13	10	166	33	—	—
*Campie ...	49	17	6	16	14	295	179	—	2
Danderhall P. ...	37	9	13	11	30	224	170	2	—
Muskelburgh Burgh P. ...	21	9	2	2	8	142	74	3	—
Muskelburgh Grammar	107	9	6	21	38	281	330	17	6
Muskelburgh R.C. P.	12	—	—	6	15	39	29	1	1
Pinkie St Peter's P.	37	3	3	18	29	196	202	1	1
Wallyford P. ...	19	5	7	1	1	89	152	—	2
Whitecraig P. ...	16	3	—	7	6	53	63	1	1
*Borthwick ...	5¼	—	—	1	—	26	12	—	—
Bryans ...	30	1	—	19	30	125	95	—	—
Cousland ...	26	—	1	13	19	31	20	1	2
Cranston ...	10¼	—	—	2	—	59	13	—	—
Fala & Soutra P. ...	13	—	—	3	2	33	20	1	—
Fountainhall ...	6½	—	—	—	—	3	8	—	—
Gorebridge P. ...	78¼	5	—	118	47	281	328	12	3
Greenhall Sec. ...	27	—	—	1	—	125	166	—	—
Heriot P. ...	6½	—	—	8	1	7	9	—	—
Langlaw P. ...	23	—	—	17	24	98	65	—	—
Mayfield P. ...	21	—	—	42	24	96	51	—	—
Carried forward	647	93	61	363	344	2669	2238	48	18
									2

* Denotes Physiotherapists' Area

TABLE XIII (Contd.)—ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPISTS

Centres	Sessions	Pre-School				Plasters	School				Plasters
		Clinic Attdncs.		Dom. Visits			Clinic Attdncs.		Dom. Visits		
		M	F	M	F		M	F	M	F	
<i>Brought forward</i>	1171½	284	149	554	576	29	4921	4085	97	66	13
Kirknewton P. ...	18	1	—	—	1	—	76	50	—	8	—
Mid Calder P. & O.C. ...	11	—	—	9	11	—	17	18	5	2	—
Newbridge P. ...	14½	—	—	1	9	—	64	30	3	6	—
Parkhead P. ...	25	—	—	2	7	—	172	127	1	3	1
Polbeth ...	1	—	—	—	1	—	5	4	1	—	—
Pumpherston P. ...	14	—	—	5	11	—	59	37	3	3	—
Ratho P. ...	4½	—	—	—	3	—	5	5	2	4	—
West Calder High ...	38	—	—	26	15	—	202	168	2	3	2
West Calder R.C. Prim. & J.S. ...	7	—	—	10	7	1	68	32	4	4	—
Croft St. ...	20½	1	—	7	10	—	97	82	5	4	—
Cornbank ...	1	—	—	2	1	—	6	2	—	1	—
Cuiken P. ...	47	—	2	31	26	—	73	76	15	6	—
Dalkeith R.C. High ...	26½	—	—	6	18	—	148	110	10	4	—
Dalkeith R.C. Prim. ...	19	—	—	6	3	—	135	85	7	3	—
Eastfield P. ...	58	17	7	21	22	—	287	141	31	12	—
Kippielaw ...	9	—	—	1	4	—	84	45	7	2	—
Newtongrange P. ...	42½	17	13	16	6	—	242	227	13	13	—
Newtonloan R.C. P. ...	12½	—	—	2	5	—	18	17	6	1	—
Penicuik High ...	46½	32	21	40	16	—	94	112	25	34	—
Woodburn P. ...	16	—	1	2	6	—	89	146	3	2	—
TOTALS	1603½	352	193	741	758	30	6862	5599	240	181	16

* Denotes Physiotherapists' Area.

TABLE XIV—ORTHOPAEDIC SERVICE
Defects found in new cases

Classification of Defects	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
Congenital—					
Malformation—Thorax	3	10	1	1	15
Congenital Dislocation Hip	—	—	1	—	1
Talipes Calcaneo Valgus	1	—	—	—	1
Multiple Congenital Deformities	—	1	—	—	1
Trigger Thumb	1	—	3	—	4
Torticollis	3	2	1	1	7
Postural—					
Poor Posture	—	8	—	6	14
Scoliosis	1	3	—	—	4
Kypho Lordosis	—	4	—	8	12
Nervous System—					
Cerebral Palsy	1	—	1	—	2
Skeletal—					
Knock Knees	9	2	9	9	29
Bow Legs	4	1	4	—	9
Flat Feet	15	23	12	10	60
Cavoid Feet	—	5	2	12	19
Hallux Valgus	—	4	—	9	13
Deformed Toes	—	3	4	4	11
Lax Tendo Achilles	5	3	7	—	15
Adducted Forefeet	9	3	7	4	23
Respiratory—					
Asthma	—	4	—	2	6
Bone Conditions—					
Osteochondritis—Perthe's disease	—	2	—	—	2
Short Leg	—	1	—	—	1
Injuries—	2	1	—	1	4
N.A.D.	5	1	4	—	10
Totals	59	81	56	67	263

TABLE XV—ORTHOPAEDIC SERVICE
Numbers on Register at 31st July, 1968

Centres	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
*Bilston	8	7	7	2	24
Glencorse	1	8	2	3	14
Loanhead	18	34	7	39	98
Roslin	2	15	1	15	33
*Croft Street	—	7	—	11	18
Newtonloan	—	4	—	3	7
Woodburn	—	8	—	13	21
Newtongrange	4	18	2	17	41
Eastfield	11	21	5	10	47
Cornbank	—	5	—	3	8
Cuiken	—	15	—	20	35
Kippielaw	—	4	—	3	7
Bellmans Road	8	26	7	22	63
<i>Carried forward</i>	52	172	31	161	416

TABLE XV (Cont.)—ORTHOPAEDIC SERVICE
Numbers on Register at 31st July, 1968

Centres	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
<i>Brought forward</i>	52	172	31	161	416
St. David's R.C. High	—	22	—	14	36
St. David's R.C. Primary	—	5	—	11	16
*Pinkie	6	24	4	14	48
Musselburgh Grammar	—	37	—	36	73
Campie	4	19	5	14	42
Musselburgh Burgh	2	20	3	12	37
Whitecraig	2	6	—	6	14
Wallyford	3	11	1	17	32
Loretto R.C.	—	4	—	2	6
Danderhall	11	25	8	20	64
*Fala and Soutra	—	2	—	1	3
Borthwick	—	2	—	1	3
Bryans	2	16	5	11	34
Cousland	—	2	1	1	4
Cranston	—	5	—	1	6
Gorebridge	7	20	2	23	52
Heriot	1	1	—	1	3
Langlaw	2	11	3	9	25
Mayfield	4	15	6	6	31
Pathhead... ..	—	4	8	2	14
St. Luke's	—	3	—	6	9
Stobhill	—	9	—	4	13
Temple	—	—	—	1	1
Greenhall	—	15	—	19	34
Fountainhall	—	1	—	1	2
Stow	—	3	—	2	5
*Dalkeith High	—	49	—	43	92
Dalkeith Health Centre	34	—	20	—	54
Lasswade Primary	1	21	—	9	31
Lasswade High	1	34	1	34	70
Bonnyrigg	16	24	4	22	66
Rosewell Primary	—	8	—	9	17
Cockpen O.C.	1	3	2	4	10
*Addiewell Primary	2	—	1	1	4
Addiewell R.C.	—	1	—	2	3
Balerno	3	15	1	13	32
Bellsquarry	—	1	—	—	1
Breich	—	3	—	—	3
Nether Currie Primary	16	15	11	17	59
Riccarton Primary	—	18	—	14	32
Curriehill Primary	—	20	—	15	35
Currie High	—	16	—	12	28
East Calder P.	3	7	3	8	21
East Calder R.C.	—	5	—	2	7
Kirknewton	1	6	—	3	10
Mid Calder	1	1	—	2	4
Livingston	—	1	3	1	5
Newbridge	—	7	1	5	13
Oakbank	—	1	—	—	1
Parkhead	—	15	—	12	27
Polbeth	4	—	5	—	9
Pumpherstoun	—	5	1	4	10
Ratho	—	1	1	1	3
West Calder High	—	20	—	12	32
West Calder R.C. Primary	—	7	—	2	9
West Calder R.C. J.S.	—	1	—	1	2
Totals	179	759	131	644	1713

*Denotes Physiotherapists' Area

TABLE XVI

DENTAL INSPECTION AND TREATMENT

Number of Children who were— (1) Inspected by Dental Officers— Age					Systematic Examina- tions	Special and Emergency Cases	Total
5 or under	...	...	...	...	1265	49	1314
6	...	...	...	...	1511	65	1576
7	...	...	...	...	1551	35	1586
8	...	...	...	...	1390	21	1411
9	...	...	...	...	1351	20	1371
10	...	...	...	...	1341	42	1383
11	...	...	...	...	1138	29	1167
12	...	...	...	...	784	36	820
13	...	...	...	...	660	33	693
14	...	...	...	...	522	23	545
15	...	...	...	...	229	10	239
16	...	...	...	...	95	11	106
17 or over	...	...	...	...	76	8	84
					11913	382	12295
(2) With Dental Defects					9076	382	9458
(3) Offered Treatment					8248	382	8630
(4) Number Accepting Treatment					6717	382	7099
(5) Actually treated by the School Dental Officers					6714	382	7096
(6) Number of Attendances made by children for treatment					26042	461	26503
(7) Fillings—							
(a) Permanent Teeth					14909	—	14909
(b) Temporary Teeth					3595	—	3595
(8) Extractions—							
(a) Permanent Teeth					1689	393	2082
(b) Temporary Teeth					6575	664	7239
(9) Number of administrations of a general anaesthetic for extractions					1589	35	1624
(10) Other Operations—							
(a) Permanent Teeth					10150	17	10167
(b) Temporary Teeth					3009	9	3018
(11) Dentures—							
(a) Partial					55	—	55
(b) Full					22	—	22
(c) Repairs					10	—	10
(12) Radiographs—							
Number of Exposures (not including Orthodontic)					125	—	125
(13) Half-days devoted to—							
Inspection					112	—	112
Treatment					3133	—	3133

N.B.—The above Table does not include Orthodontic patients. All orthodontic work is recorded elsewhere.

TABLE XVII

DENTAL INSPECTION AND TREATMENT—SCHOOLS

School	Number Inspected	With Dental Defects		Offered Treatment		Accepting Treatment		Receiving Treatment		Untreated		Interval in Months since last Visit	% (of Acceptance last Visit)
		No.	%	No.	%	No.	%	No.	%	No.	%		
Addiewell Prim.	104	84	80.8	84	100.0	64	76.2	64	76.2	20	23.8	38	60.0
Addiewell R.C.	120	105	87.5	101	96.2	75	74.3	75	74.3	26	25.7	36	65.2
Bonnyrigg Prim.	857	728	84.9	727	99.9	643	88.3	643	88.3	84	11.6	15	78.6
Bonnyrigg R.C.	304	284	93.4	283	99.7	238	84.1	238	84.1	45	15.9	12	88.3
Bryans...	434	361	83.2	347	96.1	306	88.2	303	87.3	44	12.7	23	78.2
Campie	418	271	64.8	228	84.1	129	56.6	129	56.9	99	43.4	10	53.2
Cousland	46	39	84.8	34	87.2	22	64.7	22	64.7	12	35.3	19	76.0
Dalkeith High	1174	572	48.7	424	74.1	299	70.5	299	70.5	125	29.5	13	69.7
Dalkeith R.C. High	663	311	46.9	238	76.5	158	66.4	158	66.4	80	33.6	10	73.2
Dalkeith R.C. Prim.	256	169	66.0	127	75.0	114	89.7	114	89.7	13	10.2	14	92.8
East Calder	296	266	89.9	265	99.6	183	69.1	183	69.1	82	30.9	36	57.2
East Calder R.C.	131	122	93.1	115	94.3	93	80.9	93	80.9	22	19.1	42	73.9
Gorebridge	713	600	84.1	574	95.7	535	93.2	535	93.2	39	6.8	15	79.1
King's Park	426	268	62.9	187	69.8	129	68.9	129	68.9	58	31.0	14	69.3
Kippelaw	62	29	46.8	14	48.3	9	64.3	9	64.3	5	35.7	15	68.7
Kirknewton	118	92	77.9	81	88.0	65	80.2	65	80.2	16	19.8	27	75.8
Letham	220	190	86.4	178	93.6	148	83.1	148	83.1	30	16.9	—	—
Loanhead R.C.	128	106	82.8	106	100.0	91	85.8	88	83.0	18	17.0	19	90.3
Mayfield Prim.	379	327	86.3	323	98.8	291	90.1	290	89.8	33	10.2	24	79.7
Mayfield R.C.	215	176	81.8	171	97.2	146	85.4	146	85.4	25	14.6	25	77.9
Musselburgh Burgh	403	245	60.8	207	84.5	124	59.9	124	59.9	83	40.1	25	58.7
Musselburgh Grammar	916	551	60.2	446	80.9	223	50.0	223	50.0	223	50.0	7	41.2
Musselburgh R.C.	270	191	70.7	164	85.9	121	73.8	121	73.8	43	26.2	24	65.2
Nether Currie	300	160	53.3	143	89.4	115	80.4	115	80.4	28	19.6	24	62.8
Newbridge	204	166	81.4	149	89.7	96	64.4	96	64.4	53	35.6	27	57.0
Pinkie St. Peter's	507	336	66.3	289	86.0	195	67.5	195	67.5	94	32.5	7	70.0
Pumphreyston	189	157	83.1	132	84.1	86	65.2	86	65.2	46	34.8	42	63.9
Ratho	134	103	76.9	92	89.3	60	65.2	60	65.2	32	34.8	28	58.2
Riecarton	387	177	45.7	168	94.9	134	79.7	134	79.7	34	20.2	—	—
Carried forward	10374	7186		6397		4892		4885		1512			

N.B.—Only schools in which treatment has been completed are included in this Table.

TABLE XV11 (continued)
DENTAL INSPECTION AND TREATMENT—SCHOOLS

School	Number Inspected	With Dental Defects		Offered Treatment		Accepting Treatment		Receiving Treatment		Untreated		Interval in Months since last Visit	% of Acceptance last Visit
		No.	%	No.	%	No.	%	No.	%	No.	%		
<i>Brought forward</i>	10374	7186		6397		4892		4885		1512			
Rosewell	177	121	68·3	119	98·3	106	89·1	106	89·1	13	10·9	19	78·3
Rosewell R.C.	53	49	92·4	48	97·9	40	83·3	40	83·3	8	16·7	21	74·2
West Calder R.C.	214	193	90·2	193	100·0	136	70·5	136	70·5	57	29·5	42	70·3
Whitecraig	180	133	73·9	126	94·7	94	74·6	94	74·6	32	25·4	28	69·5
Woodburn	531	369	69·5	262	71·0	245	93·5	245	93·5	17	6·5	15	96·2
Total or %	11529	8051	69·8	7145	88·7	5513	77·2	5506	77·1	1639	22·9	22	70·7

N.B.—Only schools in which treatment has been completed are included in this Table.

TABLE XVIII
ORTHODONTIC TREATMENT

Number of Cases continued from previous year	...	...	...	...	...	...	...	...	403
New Cases	...	...	...	...	...	...	...	...	136
Cases Completed	...	...	...	...	...	...	...	...	140
Cases Discontinued	...	...	...	...	...	...	...	...	13
Cases continuing at end of year	...	...	...	...	...	...	...	...	386
Attendances for Treatment	...	...	...	...	...	...	...	...	2776
Number of Consultations with Regional Hospital Board Consultant	...	...	...	...	...	...	...	...	290
Number of Diagnostic examinations not followed by treatment	...	...	...	...	...	...	...	...	30
Number of Removable appliances fitted	...	...	...	...	...	...	...	...	42
Number of Fixed appliances fitted	...	...	...	...	...	...	...	...	8
Repairs to Appliances	...	...	...	...	...	...	...	...	4
Number of Extractions (non carious)									
(a) Permanent Teeth	...	...	...	...	...	...	...	...	386
(b) Temporary Teeth	...	...	...	...	...	...	...	...	186
Radiographs—									
Number of Exposures									
(a) Intra-oral	...	...	...	...	...	...	...	...	82
(b) Extra-oral	...	...	...	...	...	...	...	...	122
Consultant Sessions	...	...	...	...	...	...	...	...	23
Treatment Sessions	...	...	...	...	...	...	...	...	214

TABLE XIX
TUBERCULIN TESTING OF SCHOOL LEAVERS

School	1954 Age Group										1955 Age Group					
	On roll				Refused		Tested		Heaf Negative		On Roll		Refused		Tested	
	M		F		M	F	M	F	No.	%	M	F	M	F	M	F
									M	F						
Cockpen ...	3	1			—	—	1	—	1	100	—	—	—	—	—	—
Currie High ...	74	64			—	1	69	51	58	40	84	78	—	—	—	—
Dalkeith High ...	174	149			—	—	165	138	133	112	82	81	—	—	6	7
Dalkeith R.C. High ...	108	96			1	—	97	89	75	79	78	89	—	—	5	4
Greenhall High ...	86	77			3	2	78	71	68	63	87	90	—	—	2	—
Kippelaw ...		—			—	—	—	—	—	—	—	—	—	—	—	—
Lasswade High ...	104	81			1	—	94	78	76	68	75	87	—	—	—	—
Loanhead J. S. ...	17	28			—	—	16	24	14	23	88	96	—	—	—	—
Musselburgh Grammar ...	120	103			—	—	112	90	86	71	77	79	—	—	2	2
Penicuik High ...	85	81			—	—	79	79	59	67	75	85	—	—	3	2
Roslin ...	5	2			—	—	2	2	2	2	100	100	—	—	—	—
West Calder J.S. ...	75	77			2	5	67	68	55	54	82	80	—	—	1	—
West Calder R.C. High ...	8	6			—	—	8	5	7	5	90	100	—	—	—	—
Totals ...	859	765			7	11	788	695	634	584	81	84	—	—	19	15
															16	14

1954 Age Group:—

244 heaf positive reactors were x-rayed and their chests were found to be clear. Of the remaining 21 positive reactors 19 did not attend and their cases are being followed up. 2 boys who had previous chest infections were not x-rayed. Although 265 pupils were found to be positive reactors 168 of these had previously been given B.C.G. The percentage of "non B.C.G." positive reactors is therefore 7.4%.

1955 Age Group:—

Percentages of negative heaf tests not given in view of small numbers.

TABLE XX
X-RAY

School	Born 1955		Contacts of 3/4 Reactors		Born 1954		Contacts of 3/4 Reactors		Born 1953	
	M	F	M	F	M	F	M	F	M	F
Cockpen ...	—	—	—	—	—	—	—	—	—	—
Currie ...	—	—	—	—	11	11	—	—	—	—
Dalkeith High ...	—	—	—	—	30	23	—	—	1	2
Dalkeith R.C. High ...	—	—	—	—	20	10	—	—	3	1
Greenhall High ...	2	—	—	—	10	8	—	—	3	3
Kippielaw ...	—	—	—	—	—	—	—	—	—	—
Lasswade High ...	—	—	—	—	15	8	—	—	1	2
Loanhead J.S. ...	—	—	—	—	2	1	—	—	—	1
Musselburgh Grammar ...	—	—	—	—	21	17	—	—	13	11
Penicuik J.S. ...	1	1	—	—	21	12	—	1	1	1
Roslin ...	—	—	—	—	—	—	—	—	—	—
West Calder High ...	—	—	—	—	10	13	—	—	—	—
West Calder R.C. High ...	—	—	—	—	1	—	—	—	—	—
Totals ...	3	1	—	—	141	103	—	1	22	21

TABLE XXI
HEALTH EDUCATION—PRIMARY SCHOOLS
SESSION 1967-68

School	Feminine Hygiene (introductory)		Hygiene (General)		Dental Health		Home Safety and Accident Prevention		Smoking		Other		Total	
	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils
Bonnyrigg P. ...	—	—	3	35	—	—	—	—	—	—	—	—	3	35
Bonnyrigg R.C. ...	—	—	2	74	—	—	—	—	—	—	—	—	2	74
Bryans ...	—	—	—	—	2	431	—	—	—	—	—	—	2	431
Campie ...	1	20	—	—	—	—	—	—	—	—	—	—	1	20
Cornbank ...	—	—	1	197	—	—	—	—	—	—	—	—	1	197
Cranston ...	1	3	—	—	—	—	—	—	—	—	—	—	1	3
Danderhall ...	1	37	1	34	—	—	2	72	2	71	—	—	6	214
E. Calder P. ...	—	—	3	979	—	—	—	—	—	—	—	—	3	979
E. Calder R.C. ...	—	—	3	407	—	—	—	—	—	—	—	—	3	407
Eastfield P. ...	6	40	—	—	—	—	2	40	—	—	—	—	8	80
Glencorse ...	—	—	—	—	—	—	—	—	—	—	1	32	1	32
Kirknewton ...	—	—	1	103	—	—	—	—	—	—	—	—	1	103
Lasswade P. ...	2	26	—	—	—	—	—	—	—	—	—	—	2	26
Letham P. ...	—	—	—	—	—	—	—	—	1	35	—	—	1	35
Mid Calder ...	1	7	3	271	—	—	—	—	—	—	—	—	4	278
Mid Calder O.C. ...	—	—	1	11	—	—	—	—	—	—	—	—	1	11
Muss. Burgh ...	2	38	—	—	—	—	—	—	—	—	—	—	2	38
Muss. R.C. ...	—	—	1	106	—	—	—	—	—	—	—	—	4	415
Newbridge ...	—	—	1	190	—	—	3	309	1	28	—	—	2	218
Oakbank ...	—	—	3	36	—	—	—	—	—	—	—	—	3	36
Parkhead P. ...	—	—	—	—	—	—	—	—	1	50	—	—	1	50
Pathhead ...	—	—	—	—	—	—	—	—	—	—	1	25	1	25
Pinkie ...	3	42	—	—	—	—	—	—	—	—	—	—	3	42
Pumpherston ...	—	—	—	—	—	—	—	—	1	25	—	—	1	25
Riverside ...	—	—	—	—	—	—	—	—	1	26	—	—	1	26
Wallyford ...	3	42	—	424	—	—	4	309	1	—	1	151	13	926
Whitecraig ...	—	—	1	11	—	—	—	—	—	—	—	—	1	11
Totals ...	20	255	29	2878	2	431	11	730	7	235	3	208	72	4737

TABLE XXII
HEALTH EDUCATION—SECONDARY SCHOOLS
SESSION 1967-68

School	Feminine Hygiene		Personal Relationships		Mothercraft		Smoking*		Kinetics, etc.†		Other		Totals	
	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils
Currie High ...	4	90	1	17	6	14	1	17	1	15	—	—	13	153
Dalkeith High ...	3	234	—	—	32	83	—	—	1	300	—	—	36	617
Dalkeith R.C. High ...	1	250	—	—	6	25	—	—	1	150	—	—	8	425
Greenhall High ...	—	—	—	—	48	57	—	—	1	65	—	—	49	122
Lasswade High ...	12	100	—	—	16	62	—	—	1	145	1	39	30	346
Loanhead J.S. ...	—	—	—	—	—	—	—	—	1	25	—	—	1	25
Muss. Grammar... ..	5	128	—	—	84	76	—	—	1	35	—	—	90	239
Penicuik High ...	1	100	—	—	9	30	—	—	1	80	—	—	11	210
West Calder High ...	—	—	—	—	—	—	2	96	2	80	—	—	4	176
Esk Valley Tech. College...	—	—	—	—	—	—	—	—	1	20	—	—	1	20
Totals ...	26	902	1	17	201	347	3	113	11	915	1	39	243	2333

* One talk also included "Alcohol" and "Drug Addiction".

† These talks also included "Effects of Cumulative Strain" and "Footwear".

PEEBLESSHIRE

TABLE 1A

Number of children examined at:—

(a) Routine examinations—

Entrants—born 1962	...	...	...	...	...	...	146
13-year age group—born 1954	...	...	...	...	...	...	99
16-year age group—born 1949	...	...	...	...	...	...	47
							<hr/> 292

(b) Other systematic examinations—(transfers in etc. outwith above age groups not previously examined in this area)	...	...	179
			<hr/> 471

(c) Other Examinations—

VII. Year Group—Vision only (Born 1960)	...	...	...	122
Special Cases	...	...	...	228
Re-inspections by Medical Officers	...	...	...	51
“Leavers”—Vocational Guidance Examinations	...	...	...	143
Audiometric tests—Medical Follow-up	...	...	...	21
Special Examinations (See p. 28)	...	...	...	16
Pre-Apprenticeship Pre-nursing Course Examinations...	...	...	...	3
				<hr/> 584

TABLE 1IA

HEIGHTS AND WEIGHTS (ROUTINE EXAMINATIONS—ENTRANTS AND 13-YEAR AGE GROUP)

	Entrants				13 Year age group			
	Boys		Girls		Boys		Girls	
	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)
Scotland	43·22	43·44	42·92	42·18	60·85	100·84	60·68	105·37
Peebleshire	43·96	44·68	43·99	44·64	61·09	101·47	62·31	110·05

TABLE IIIA
FINDINGS AT ROUTINE EXAMINATIONS

	Entrants				13-Year Age Group			
	Boys		Girls		Boys		Girls	
	No. exmd.	% with defect	No. exmd.	% with defect	No. exmd.	% with defect	No. exmd.	% with defect
Scotland	39,992	51.19	38,733	46.75	29,147	40.58	29,987	40.71
Peeblesshire...	69	44.93	77	44.16	57	33.33	42	23.81
Peeblesshire—Major defects found:								
Diabetes Mellitus	—	—	—	—	—	—	1	2.4
Obesity not specified as of endocrine origin	—	—	—	—	—	—	—	—
Anaemia—unspecified	—	—	1	1.3	1	1.8	—	—
Stammering and stuttering	2	2.9	2	2.6	—	—	—	—
Enuresis	2	2.9	1	1.3	—	—	—	—
Mental Retardation I.Q. 68-85	—	—	2	2.6	1	1.8	—	—
I.Q. 36-51	1	1.4	—	—	—	—	—	—
Epilepsy—generalised non-convulsive	1	1.4	—	—	—	—	—	—
Blepharitis	—	—	—	—	1	1.8	—	—
Refractive errors	4	5.8	1	1.3	3	5.3	2	4.8
Strabismus	1	1.4	3	3.9	—	—	1	2.4
Disease of ear—other unspecified	—	—	—	—	1	1.8	—	—
Acute bronchitis	—	—	1	1.3	—	—	—	—
Asthma	—	—	1	1.3	3	5.3	1	2.4
Hypertrophy of tonsils and adenoids	4	5.8	7	9.0	3	3.5	—	—
Chronic nasopharyngitis	—	—	—	—	1	1.8	—	—
Hay fever	1	1.4	—	—	—	—	—	—
Dental caries	6	8.7	10	13.0	3	5.3	1	2.4
Infantile eczema and related conditions	2	2.9	3	3.9	—	—	—	—
Other psoriasis	—	—	—	—	1	1.8	—	—
Flat foot	4	5.8	1	1.3	1	1.8	1	2.4
Hallux valgus and varus	—	—	—	—	—	—	3	7.1
Cleft palate with cleft lip	1	1.4	—	—	—	—	—	—
Undescended testicle	1	1.4	—	—	—	—	—	—
Congenital club foot	1	1.4	—	—	—	—	—	—
Musculoskeletal system and connective tissue—unspecified anomaly	—	—	—	—	1	1.8	—	—

TABLE IVA
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Disability	At Ordinary Schools	At Special School or Classes	At no School or Institution	Total
1. Blind	—	—	—	—
2. Partially sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	2	—	—	2
(b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	—	—	—
3. Deaf—Grade I	106	1	—	107
" II	3	—	—	3
" IIA	35	1	—	36
" IIB	—	3	—	3
" III	—	1	—	1

4. Defective Speech

(a) Defects of articulation requiring special educational measures	45	3	—	48
(b) Stammering requiring special educational measures	—	—	—	—

5. Mentally Defective (children between 5 and 16 years)—

(a) Educable (I.Q. approx. 50–70)	—	16	—	16
(b) Ineducable (I.Q. generally less than 50)	—	5	2	7

6. Epilepsy—

(a) Mild and occasional	4	—	—	4
(b) Severe (suitable for care in a residential school)	—	—	—	—

7. Physically Defective (children between 5 and 16 years)—

(a) Non-pulmonary tuberculosis (excluding Cervical Glands) ...	—	—	—	—
(b) General orthopaedic conditions	150	3	—	153
(c) Organic Heart disease	7	—	—	7
(d) Other causes of ill-health ...	23	—	—	23

*8. Multiple Defects 58 10 2 70

* (Included in above)

(Included in "At Special Schools or Classes" are children at Special School outwith the County (p. 41) and Peeblesshire Children at Castlecraig (p. 41).

Multiple Defects					Ordinary School	Special School	At Home	Total
3, 5b	...	...	...	...	—	1	—	1
4a, 5a	...	...	...	...	—	3	—	3
4a, 5a, 7b	...	...	...	...	—	1	—	1
5a, 7b	...	...	...	...	—	3	—	3
5a, 7b, 7c	...	...	...	...	—	1	—	1
5b, 7b	...	...	...	...	—	1	2	3
Others	...	...	...	...	58	—	—	58
					58	10	2	70

TABLE VA
AMELIORATION TABLE—PHYSICAL DEFECTS

DEFECTS	No. Reported	TREATMENT				Not yet Visited	Left School or District
		Completed	Proceeding	Promised	Refused		
Adenoids ...	2	2	—	—	—	—	—
Otorrhoea ...	—	—	—	—	—	—	—
Enlarged or Septic Tonsils ...	1	1	—	—	—	—	—
Skin Conditions	3	3	—	—	—	—	—
Various ...	9	5	3	1	—	—	—
Totals ...	15	11	3	1	—	—	—

TABLE VIA
CLEANLINESS INSPECTIONS

	TERM		
	Autumn	Spring	Summer
Number Examined ...	1,395	—	—
Found to have Nits ...	19 (1·4%)	—	—
Found to have Head Vermin	—	—	—
New Cases—Nits ...	—	—	—
New Cases—Head Vermin	—	—	—

TABLE VIIA
AMELIORATION TABLE—UNCLEANLINESS

Number found with Vermin	Nits only	Cleansed	Improved	Not Improved	Left District
4	19	20	3	—	—

TABLE VIIIA
MINOR AILMENTS

Number of Children attending	...	...	...	...	...	...	91
Total Number of Attendances	...	...	...	...	...	...	173
Classification of Ailments with Attendances:					1st Visit	Re-Visit	
(1) Cuts, Bruises, Sprains, Minor Injuries, etc.	...	...	...	...	24	21	
(2) Diseases of the Ear	...	...	...	...	—	—
(3) Diseases of the Eye, excluding Defective Vision	...	...	...	...	—	—
(4) Diseases of the Skin:							
Ringworm (Scalp)	...	...	...	...	—	—
X-Ray Treatment	...	...	...	...	—	—
Other Treatment	...	...	...	...	—	—
Ringworm (Body)	...	...	...	...	2	1	
Scabies	...	...	...	...	—	—
Impetigo	...	...	...	...	—	—
Other Skin Conditions	...	...	...	...	7	2	
(5) Other Conditions	...	...	...	...	58	58	
					<u>191</u>	<u>82</u>	

TABLE IXA
INFECTIOUS DISEASES

Number of Case Exclusions notified by Head Teachers during Session
1967-1968 on account of Infectious Diseases

	Aug.-Dec.	Jan.-Mar.	April-July	Totals
	Cases	Cases	Cases	
Cerebro Spinal Fever ...	—	—	—	—
Chicken Pox	218	56	64	338
Dysentery	—	—	—	—
Enteric Fever	—	—	—	—
German Measles ...	4	36	116	156
Impetigo	2	—	—	2
Ringworm	1	—	—	1
Scabies	—	—	—	—
Measles	71	46	6	123
Mumps	7	169	26	202
Salmonellosis	—	—	3	3
Scarlet Fever	—	—	1	1
Whooping Cough ...	3	—	2	5
Totals ...	306	307	218	831

TABLE XA
CHILDREN REFERRED TO SCHOOL OCULIST

						Peebles Clinic
Cases referred ... ..	...	...	...	...	...	139
Attended Clinic ... ..	...	...	...	...	...	135
Own Oculist ... ..	...	...	...	...	...	6
Refused treatment ...	...	...	...	...	...	—
Glasses prescribed ...	...	...	...	...	...	55
No glasses prescribed ...	...	...	...	...	...	80
Referred to Orthoptist ...	...	...	...	...	...	9

TABLE XIA
AUDIOMETRIC TESTING

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Left
						1	2A	2		
Routine Groups										
Infants Born 1962	196	182	25	164	18	10	7	1	14	—
% of No. Tested...	—	—	—	90.1	9.9	5.5	3.8	0.6	—	—
Children Born 1960	180	170	20	155	15	10	4	1	10	—
% of No. Tested	—	—	—	91.2	8.8	5.8	2.4	0.6	—	—
Secondary Born 1956	180	172	16	160	12	7	4	1	8	—
% of No. Tested...	—	—	—	93.0	7.0	4.1	2.3	0.6	—	—
Absentees (last session)	37	24	4	21	3	2	1	—	1	12
Previously Defective										
Defective last session	109	87	61	30	57	36	15	6	6	16
% of No. Tested	—	—	—	34.5	65.5	41.4	17.2	6.9	—	—
Normal last session	40	32	4	29	3	3	—	—	3	5
% of No. Tested	—	—	—	90.6	9.4	9.4	—	—	—	—
Special Requests										
% of No. Tested	26	26	5	24	2	1	1	—	—	—
	—	—	—	92.3	7.7	3.85	3.85	—	—	—
Totals	768	693	135	583	110	69	32	9	42	33
Less Duplicates	27	25	15	10	15	8	5	2	2	—
Final Totals	741	668	120	573	95	61	27	7	40	33
Previously Defective, absent this session	...	...	...	...	6	5	1	—	—	—
Total defectives in above groups	...	...	...	...	101	66	28	7	Grade 3	1
Defective cases attending other schools	...	...	...	...	1	—	—	—	—	—
Area Total of Defectives	...	...	...	...	102	66	28	7	1	1
% of Total No. of Defectives	...	...	...	...	—	64.71	27.45	6.86	0.98	0.98
% of School Population of 2113	...	...	...	...	4.83	3.12	1.33	0.33	0.05	0.05

TABLE X11A—ORTHOPAEDIC SERVICE—CLINICS ATTENDED BY ORTHOPAEDIC SURGEON

Centres	No. of Half-day Sessions	CHILDREN ATTENDING										Old Cases Total	All Cases Total
		New Cases				New Cases Total	Old Cases						
		Boys		Girls			Boys		Girls				
		Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.			
		Broughton	1	—	—		1	1	—	—	—		
Castlecraig	3	—	18	—	5	23	—	23	—	7	53		
Eddleston	1	—	—	—	1	1	—	2	—	3	4		
Halyrude	1	—	—	—	—	—	—	4	—	3	7		
Kingsland	2	—	1	—	4	5	—	7	—	10	22		
Kirkurd and Skirling	1	—	1	—	—	1	—	1	—	1	3		
Newlands	1	—	—	—	—	—	—	1	—	2	2		
Peebles High	4	—	1	—	1	2	1	25	—	35	63		
St. Ronan's	1	—	2	—	—	2	2	4	—	6	14		
Walkerburn	1	—	—	—	—	—	—	1	—	1	2		
West Linton	2	—	—	—	1	1	2	—	2	3	6		
Totals	18	—	23	—	13	36	5	68	—	69	178		

TABLE XIII
ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPIST

Centres		Sessions	Pre-School				School			
			Clinic Attendances		Domiciliary Visits		Clinic Attendances		Domiciliary Visits	
			M	F	M	F	M	F	M	F
Broughton	1	...	...	1	...	...	...	...
Castlecraig	74	...	...	8	...	177	...	...
Eddleston	1	...	...	...	1	1	...	...
Halyrude	7½	...	...	...	5	30	...	...
Kingsland	20½	...	...	...	89	77	...	...
Newlands	2	...	...	...	5	4	...	...
Peebles High	36	...	...	...	161	139	...	...
St Ronan's	6½	...	...	2	40	33	...	...
Walkerburn	6	...	...	...	9	11	...	...
West Linton	5	...	...	...	16	20	...	...
Totals	159½	...	...	11	786	492	...	...
										Plasters

due to absence of staff or absence of patients, always reduces clinic output and retards progress.

The two mobile dental units, despite advancing years and associated wear and tear, have continued during the past year to make a valuable treatment contribution to schools in both counties where clinic facilities are inadequate. Both mobile surgeries have already outlived the recognised caravan life span and, despite regular maintenance which has kept them roadworthy, it is reported that the condition of the Midlothian caravan (which has been in continuous use since 1951) is now showing signs of severe deterioration of body-work. A complete body overhaul is stated to be uneconomic and consideration therefore will be given to the purchase of a new vehicle.

The Orthodontic Scheme functions satisfactorily in both counties and, even although this service is now in its eighteenth year, it still remains as popular as ever. The pleasing aesthetic end result of orthodontic treatment gives great satisfaction to patients and parents and, as a job of work, it certainly relieves the monotony of the ordinary day-to-day routine for dental officers by providing an additional interest in this highly specialised branch of children's dentistry.

The dental officers wish to record their appreciation to Dr Logan, the Orthodontic Consultant, for his keen interest in their work and for his unstinted help throughout the year.

General Anaesthetics: The provision of five general anaesthetic sessions per week has been amply justified by results and the "Gas Waiting List" is now at a satisfactory working level. This service is greatly valued by all parties concerned and the dental officers wish to express their appreciation to Dr Rose for his valuable contribution to their work.

Dental Health Education is a subject which, to be really effective, requires continuous repetition but unfortunately under present staffing conditions, it is just impossible to devote adequate time to this work on account of the overwhelming demand for treatment. This insatiable demand for treatment will continue unabated until people realise that the uncontrolled consumption of sweets and over-refined foods, together with poor oral hygiene, are directly responsible for the prevalence of dental disease today.

There has been no major National Dental Health Campaign during the past year but the subject has not been overlooked and members of the dental staff have made an active contribution both in the classroom and at the chairside. Further advantage was taken of the Dental Pack Scheme initiated and subsidised by the Scottish Home and Health Department whereby free dental packs were issued to all five-year-old school entrants in both counties. After distribution, these packs—each containing a toothbrush, paste, an inscribed beaker and Happy Smile Club Card together with other propaganda material including a letter seeking parental co-operation—were taken home and in this way the message was conveyed to the parents. The

children duly recorded their daily tooth brushing on the Happy Smile Club Card which, when completed a month later, entitled each child to a lapel badge. The Chairman of the Health and Welfare Committee very kindly made a presentation of badges in Musselburgh.

The Scottish Home and Health Department has already set up a permanent Scottish Health Education Unit under a whole-time Director and is in process of forming a small Dental Advisory Committee to ensure that dental interests are adequately dealt with by the new Unit. It is anticipated that in supporting and furthering preventive measures more advice and encouragement will be given to Health Authorities on the desirability of introducing fluoridation of public water supplies, a simple and safe procedure capable of reducing dental caries in primary school children to a manageable level in the space of just a few years. The time is now overdue when this recognised and well-tried preventive measure should be introduced on a National Scale.

Livingston: Letham, the second primary school in this developing area, received its first pupils at the beginning of the session and, by the turn of the year, demands were being made for dental attention. The school was inspected and included on the Midlothian school treatment list, but it must be reiterated that it will be impossible to provide a continuously expanding routine treatment service in Livingston without further expansion of staff.

In addition to the two primary schools already functioning, a secondary school and a Health Centre are in process of construction, the latter building practically completed. As soon as the Health Centre is furnished, it will be necessary to provide facilities for treatment. This cannot be done by existing staff except to the detriment of the dental service which is already overtaxed and seriously under-manned.

In conclusion, all members of the dental staff desire to acknowledge their indebtedness to Head Teachers, Class Teachers, Medical Officers, Health Visitors, District Nurses and Staff of the County Health Department for continued help and co-operation throughout the year. Sincere thanks must also be recorded to the County Transport Officer of Midlothian and the County Surveyor of Peeblesshire for the efficient manner in which Mobile Dental Units and equipment have been safely transported throughout the Counties.

Acknowledgements

I would wish to acknowledge the support of the various Committees of the two Councils and would also express my thanks to all the staff of the Education Department for their help by precept

TABLE XIVA
ORTHOPAEDIC SERVICE
Defects found in new cases

Classification of Defects	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
Respiratory—					
Asthma	—	17	—	5	22
Skeletal—					
Knock Knees	2	—	—	—	2
Flat Feet	—	1	—	—	1
Hallux Valgus	—	—	—	1	1
Metatarsus Varus	1	—	—	—	1
Deformed Toes	—	1	1	—	2
Congenital Dislocation Hip	—	—	1	—	1
Bone Conditions —					
Osteochondritis Dissecans	—	1	—	—	1
Injuries	—	1	—	1	2
N.A.D.	—	1	1	1	3
Totals	3	22	3	8	36

TABLE XVA
ORTHOPAEDIC SERVICE
Numbers on register at 31st July, 1968

Centres	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
Broughton	—	—	2	1	3
Castlecraig	—	37	—	14	51
Eddleston	—	2	—	1	3
Halyrude	1	5	3	4	13
Kingsland	—	9	1	9	19
Kirkurd	—	2	—	1	3
Lamancha	—	—	—	—	—
Leithenside... ..	—	1	—	—	1
Manor	—	—	—	2	2
Newlands	—	1	—	1	2
Peebles High	1	18	—	28	47
Skirling	—	—	—	—	—
St. Ronan's	5	11	1	9	26
Traquair	—	—	—	—	—
Tweedsmuir	—	—	—	—	—
Walkerburn	—	1	—	1	2
West Linton	3	1	—	1	5
Totals	10	88	7	72	177

TABLE XVIA

DENTAL INSPECTION AND TREATMENT

Number of Children who were— (1) Inspected by Dental Officers— Age					Systematic Examina- tions	Special and Emergency Cases	Total
5 or under	...	...	...	...	178	1	179
6	...	...	...	...	119	1	120
7	...	...	...	...	149	4	153
8	...	...	...	...	138	4	142
9	...	...	...	...	140	5	145
10	...	...	...	...	150	13	163
11	...	...	...	...	165	14	179
12	...	...	...	...	178	6	184
13	...	...	...	...	155	3	158
14	...	...	...	...	145	7	152
15	...	...	...	...	51	2	53
16	...	...	...	...	54	—	54
17 and over	...	...	...	...	22	—	22
					1644	60	1704
(2) With Dental Defects	...	...	...	...	1132	60	1192
(3) Offered Treatment	...	...	...	...	1059	60	1119
(4) Number Accepting Treatment	...	...	...	...	918	60	978
(5) Actually Treated by the School Dental Officers	...	...	...	...	914	60	974
(6) Number of Attendances made by children for treatment	...	...	...	...	3229	60	3289
(7) Fillings—							
(a) Permanent Teeth	...	...	...	...	1500	—	1500
(b) Temporary Teeth	...	...	...	...	633	—	633
(8) Extractions—							
(a) Permanent Teeth	...	...	...	...	111	49	160
(b) Temporary Teeth	...	...	...	...	397	23	420
(9) Number of administrations of a general anaesthetic for extractions	...	...	...	...	92	3	95
(10) Other Operations—							
(a) Permanent Teeth	...	...	...	...	842	21	863
(b) Temporary Teeth	...	...	...	...	471	5	476
11) Dentures—							
(a) Partial	...	...	...	...	6	—	6
(b) Full	...	...	...	...	—	—	—
(c) Repairs	...	...	...	...	—	—	—
(12) Radiographs—							
Number of Exposures (not including Orthodontic)	...	...	...	...	38	—	38
(13) Half-days devoted to—							
Inspection	...	...	...	...	12	—	12
Treatment	...	...	...	...	535	—	535

N.B.—The above Table does not include Orthodontic patients. Orthodontic work is recorded elsewhere.

TABLE XVIIA
DENTAL INSPECTION AND TREATMENT—SCHOOLS

School	Number Inspected	With Dental Defects		Offered Treatment		Accepting Treatment		Receiving Treatment		Untreated		Interval in Months since last Visit	% of Acceptance last Visit
		No.	%	No.	%	No.	%	No.	%	No.	%		
Broughton	67	52	77·6	44	84·6	42	95·5	42	95·5	2	4·5	7	78·9
Castlecraig	33	31	93·9	31	100·0	31	100·0	29	93·5	2	6·5	12	100·0
Kirkurd	21	18	85·7	18	100·0	17	94·4	16	88·9	2	11·1	12	75·0
Lamancha	24	21	87·5	20	95·2	18	90·0	16	80·0	4	20·0	12	83·3
Manor ...	24	20	83·3	17	85·0	11	64·7	10	58·8	7	41·2	12	57·1
Newlands	17	10	58·8	8	80·0	6	75·0	6	75·0	2	25·0	12	81·8
Peebles High	531	272	51·2	270	99·3	223	82·6	223	82·6	47	17·4	18	71·1
St Ronan's Sec.	331	177	53·5	177	100·0	156	88·1	156	88·1	21	11·9	18	90·2
Skirling	27	21	77·8	17	80·9	13	76·5	13	76·5	4	23·5	9	86·6
Stobo ...	13	10	76·9	5	50·0	3	60·0	3	60·0	2	40·0	12	50·0
Traquair	30	27	90·0	18	66·7	13	72·2	13	72·2	5	27·8	17	93·3
Tweedsmuir	17	15	88·2	13	86·7	11	84·6	11	84·6	2	15·4	12	78·6
Walkerburn	86	63	73·3	47	74·6	35	74·5	35	74·5	12	25·5	12	73·7
West Linton	124	97	78·2	72	74·2	54	75·0	54	75·0	18	25·0	9	71·6
Total or %	1345	834	62·0	757	90·8	633	83·5	627	82·8	130	17·2	12	79·2

N.B.—Only schools in which treatment has been completed are included in this Table.

TABLE VIII_A

ORTHODONTIC TREATMENT

Number of Cases continued from previous year	...	...	...	...	...	...	...	...	103
New Cases	...	...	...	...	...	...	...	...	3
Cases Completed	...	...	...	...	...	...	...	...	6
Cases Discontinued	...	...	...	...	...	...	...	...	—
Cases continuing at end of year	...	...	...	...	...	...	...	...	100
Attendances for treatment	...	...	...	...	...	...	...	...	248
Number of Consultations with Regional Hospital Board Consultant	...	...	...	...	...	...	...	...	35
Number of Diagnostic Examinations not followed by treatment...	...	...	...	...	...	...	...	...	—
Number of Removable Appliances Fitted	...	...	...	...	...	...	...	...	4
Number of Fixed Appliances fitted	...	...	...	...	...	...	...	...	2
Repairs to Appliances	...	...	...	...	...	...	...	...	—
Number of Extractions (non-carious)									
(a) Permanent Teeth	...	...	...	...	...	...	...	...	22
(b) Temporary Teeth	...	...	...	...	...	...	...	...	19
Radiographs—									
Number of Exposures									
(a) Intra-oral	...	...	...	...	...	...	...	...	8
(b) Extra-oral	...	...	...	...	...	...	...	...	20
Consultant Sessions	...	...	...	...	...	...	...	...	2
Treatment Sessions	...	...	...	...	...	...	...	...	16

TABLE XIX_A
CASTLECRAIG RESIDENTIAL SCHOOL

Inspection—

Inspected	...	...	...	...	...	...	...	...	33
With Dental Defects			...	...	...	...	...	...	31
Offered Treatment	...	...	...	...	...	...	...	...	31

Treatment—

Number Treated	...	...	...	...	...	...	...	...	29
Total Attendances	...	...	...	...	...	...	...	...	71
Fillings—Permanent Teeth	...	...	...	...	...	...	...	...	24
Temporary Teeth			...	...	...	...	...	...	18
Extractions—Permanent Teeth	...	...	...	...	...	...	...	...	1
Temporary Teeth	...	...	...	...	...	...	...	...	12
Other Operations—Permanent Teeth	...	...	...	...	...	...	...	...	29
Temporary Teeth	...	...	...	...	...	...	...	...	3

TABLE XXA
TUBERCULIN TESTING OF SCHOOL LEAVERS

School	1954 Age Group										1955 Age Group									
	On Roll				Refused		Tested		Heaf Negative		On Roll				Refused		Tested		Heaf Negative	
	M		F		M		F		M		F		M		F		M		F	
	67		55		4		2		58		49		44		39		76		80	
	11		7		—		—		10		5		9		4		90		80	
Peebles High	
St Ronan's Secondary	
Totals	

TABLE XXIA
X-RAY

School	Born 1954		Contacts of 3/4 Reactors		Born 1953	
	M.	F.	M.	F.	M.	F.
Peebles High	14	10	—	—	—	—
St. Ronans Secondary	1	1	—	—	—	—
Totals ...	15	11	—	—	—	—

